

# Research Dossier

Towards the Light at the End of the Tunnel: a  
Study into the Experiences of Stress and Coping in  
Counselling and Clinical Trainees and their  
Partners

by

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## **Abstract**

This research aimed to provide an understanding into the experiences of counselling and clinical doctoral training on trainees and their partners. It was hoped that this would increase understanding would provide support for couples impacted by the doctoral programmes in managing the changes induced and maintaining relationship satisfaction. A mixed methods design was chosen to provide an empirical view of stress, dyadic coping and relationship satisfaction of trainees. It adopted a survey design and an analysis of the processes trainees and partners experience throughout the course as a couple through using a Grounded Theory approach.

In total 50 trainees in clinical and counselling psychology took part in the survey study that measured perceived stress, dyadic coping and their relationship satisfaction. Data was analysed using regression analysis to explore relationships between the three constructs. The analysis revealed similarities between clinical and counselling trainees in terms of perceived stress, coping and relationship satisfaction. Regression analysis suggested trainees' relationship satisfaction was predicted by number of children, communication of stress, length of relationship and length of time cohabiting.

Fourteen semi-structured interviews were conducted with counselling doctoral trainees and partners. The interviews were transcribed and analysed in accordance with a constructivist version of grounded theory as developed by Charmaz (2006). The grounded theory study revealed a central storyline of 'a journey towards the light at the end of the tunnel' with the social process of striving for equilibrium. This referred to the journey participants experienced whilst the trainee was on the course and highlighted a process as trainees and partners moved through as they developed and adapted to their new lives. The idea of the course being temporary was a thread through the model as participants worked through the stresses whilst focusing on the finishing line at the end of the course. Conflicts arose with participants with children who appeared to undergo a strengthened version of the model.

This research provided implications for further specialised support for trainees and partners undergoing the doctoral programmes. It hoped to highlight the difficulties and strengths couples endure on the programme and provides implications for universities and personal therapists to offer systemic support for couples to manage the processes together, making the adjustment process more seamless and meaningful to the couple.

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## **Chapter 1: Introduction and Literature review**

This research project aimed to understand the impact of stress and coping in counselling and clinical trainees and their partners. The research hoped to provide a general picture of participants' perceptions of stress, coping and relationship satisfaction in light of the training programme as well as an in depth understanding of the processes trainees and partners experience throughout the programme.

The search strategy conducted for this literature review used the following terms: stress in clinical and counselling psychology trainees, dyadic stress, dyadic coping, relationship satisfaction in counselling trainees, personal therapy, stress and coping in academic programmes, dyadic coping in students. These terms were used to search in the following electronic research databases: PsychARTICLES, PsychINFO, ScienceDirect and Psychology and Behavioural Sciences Collection. Internet search engines including Google Scholar were also used to research these terms. Articles that were found were screened for their relevance and date of publication with preferences for papers within the last ten years and papers that highlighted the origins of particular concepts. Relevant literature from the reference lists of those identified articles were also followed up. Articles were browsed initially by reading through their abstracts to judge their quality. The rating scale Critical Appraisal Skills Programme (CASP) was used as a guideline to explore the quality of the research articles judging for trustworthiness, results and relevance.

### **1.1 Stress**

The notion of stress refers to an internal and external state where it can involve physiological, internal, emotional reactions and also reactions from external stressors that trigger an internal reaction such as natural disasters and illnesses (Holmes and Rahe, 1967; Mason, 1975; Wang & Saudino, 2011). Selye (1956) developed the General Adaptation

Syndrome (GAS) which focuses on the mobilisation of the body's biochemical mechanisms to maintain balance in stressful situations (Rosenbluh, 2005). The GAS is made up of three parts consisting of Alarm, Resistance and Exhaustion. The Alarm Stage begins the physiological changes as the immediate reaction to the stressor. Biochemical changes occur where the pituitary gland secretes adrenocorticotrophic hormone (ACTH) to begin a rapid increase to prepare the body for the 'flight or fight' response and be prepared for the situation, (Cohen, Kessler & Gordon, 1997). The second stage, Resistance; the body begins to adapt to a change of rest and hormonal balance when the stressor has been dealt with. If the stressor event continues the hormone levels will remain at increased levels at a constant aroused state. The final stage Exhaustion is the final phase where the stressful event has continued over some time. The body's ability to resist has decreased dramatically due to the diminished supply of energy which can be known as burnout, fatigue or overload and can cause detrimental damage to organs from the constant level of arousal and the body's ability to maintain this arousal (Cohen, Kessler & Gordon, 1997; Selye, 1950).

The General Adaptation Syndrome (GAS) (Selye, 1950) model overlooked the notion of individual differences and perceptions to the same stimuli (Rice, 2012). It discounts the value of cognition, interpretation and perceptions towards stimuli and ascertains that all stressful stimuli whether positive or negative will elicit the same physiological response (Rice, 2012).

The Transactional Model of stress developed by Lazarus (1966) argues that stress involves transactions between the individual and the environment (Lazarus, 1966, 2000). Through cognitive, behavioural and emotional strategies the individual can influence the meaning of stress. Therefore, how it is experienced when the individual perceives a discrepancy between the environment and its demands and their perceived ability to cope (Lazarus, 1966; Quine, 1991). This approach explores the cognitive aspect where individuals



assess their situations for threats to their wellbeing, termed as the primary appraisal. They appraise their resources and their ability to cope with the new demands known as secondary appraisal (Quine, 1991). Coping is the individual's ability to manage the demands from the environment and their resources. This differs from stimulus-based models such as the GAS where coping is not the outcome or a trait of stress but a process where the perceived stressor is managed through behaviour and cognitions being adapted to minimise, tolerate or avoid the stressful situation (Lyon, 2012). Therefore the Transactional Model of stress was used as the primary definition of perceived stress in this research as it explains the cognitive appraisals in the responses to perceived stressful situations.

## **1.2 Stress in academic courses**

Higher education is known for the stresses and demands placed on students. Around 75% of students report being moderately stressed in their courses and 10% being severely stressed (Pierceall & Keim, 2007; Ross, Casazza & Stephen, 2012). Stressors may include financing and funding for the course and also book expenses, daily living, travel and time constraints (Ross et al, 2012). Performance anxiety, difficult coursework and stressors related to placements have been reported by students across many disciplines (Hodgson & Simoni, 1995; Kardatzke, 2009; Nelson, Dell'Oliver, Koch, Buckler, 2001). Other stressors include thesis and dissertation work, work-life balance, relationship difficulties and lack of family or course support (Hodgson & Simoni, 1995; Kardatzke, 2009; Mallinckrodt & Leong, 2001; Nelson et al, 2001).

Students with these stressors have a high risk in developing physiological and psychological problems. However, Mallinckrodt and Leon (1992) found that social support appeared to help manage the development of psychological problems. There is greater role strain on females in academic courses which may be a result of their multiple roles and

concerns in balancing the course and family demands and often face many decisions in regards to family and career (Mallinckrodt & Leong, 1992). The impact of role strain is argued to provide a significant source of stress in relationships where the female would be expected to take on the role of student without much impact on her other roles as wife, mother or homemaker; known as *role expansion*. With the expectation to do well in all roles, role strain may be likely to develop and lead to increased levels of stress in not being able to maintain and achieve well in all their roles (Gilbert & Rachlin, 1987; Mallinckrodt & Leong, 1992). Females also reported stresses due to problems with spouses and reported significantly higher levels of negative life events than males on the course.

Females particularly are faced with challenges regarding their responsibilities where they negotiate their roles as university students, their marriage/partnership and the family. Female students are expected not only to maintain good results at university but also be able to perform their duties at home as wife and mother. This can lead to quarrels between spouses, feeling exhausted and resentment towards partners over division of household tasks (Lasode & Awote, 2014). Benshoff (1993) explored the nature of guilt that women expressed over their role as a student which meant that at times they were unavailable to their partners and families whilst indulging in their academic roles (Lasode & Awote, 2014). It is noted that 'non-traditional' female students, who do not typically fit into a student role and in turn have familial responsibilities, experience remarkable life transitions when beginning higher education. They may experience insecurities and anxieties with their new role and perceived loss of structure in their lives (Haynes- Burton, 2008; Lasode & Awote, 2014). It is important to recognise however, that not all non-traditional students experience these difficulties. They may have prepared for university life prior to beginning depending on their own life experiences. It is also noteworthy that although Mallinckrodt and Leong (1992) value the importance of social support and changes in roles for trainees, its US sample in the 1990's

might not generalise to student populations in the UK as discussed in aforementioned studies. Furthermore it is difficult to ascertain the cultural and traditional backgrounds of the students with the increase in international students on courses, which may introduce additional stressors.

Traditional students are assumed to attend university through their parents' expectations; non-traditional students often choose to take on further education to improve the quality of their's and their family's lives. It could be assumed that non-traditional students may be more eager to learn and contribute than other students and may feel empowered to be taking on an additional role alongside maintaining their family (Lasode & Awote, 2014). Additionally, non-traditional female students may feel overwhelmed by the additional responsibilities placed on them, which may override their opportunities to focus on academic work. Aronson (1998) explored working hours of the average American. Although dated and specific to American culture, his findings showed that with the numerous responsibilities including paid and unpaid work, commuting and facing demands of the family did not leave many hours to dedicate for non-traditional female students to study. It is thought that when they are able to find time to study, this is often filled with interruptions of family responsibilities such as attending to children's needs, resulting in finding private time and space to focus on studies a challenge. Non-traditional female students also faced significant pressures when returning to study from bringing up the family, which caused stress within the home life. This may be attributed to the shifting of social class from the rest of the family, which may cause tension and apprehension within the household (Giancola, Grawitch & Borchert, 2009; Lasode & Awote, 2014).

It must take into consideration that these are sweeping generalisations of women in non-traditional roles in higher education. However, Lasode & Awote (2014) do not consider changing roles of partners or males within the non-traditional student category. Males may

also experience similar difficulties as females and may in fact face more demands if they are single parents, employed or if both partners are in higher education.

### **1.3 Counselling and Clinical Psychology**

Counselling psychology is relatively a young profession internationally including the UK and Australia (Kasket & Gil-Rodriguez, 2011; McKeddie, 2013). Counselling psychology adopts a stance of pluralism that accounts for the diversity in the world they live and work in. This is said to be the core of counselling psychology which values the variety of client perspectives (McAteer, 2010; Milton, 2010).

There are a number of differences in the training of both counselling and clinical psychology. Where counselling psychology focuses on the importance the therapeutic alliance and the value of humans 'being' together, clinical psychology, emphasise a medicalised model based on evidence-based practice and therapy (McKeddie, 2013). However, of late these differences have begun to merge as both disciplines are incorporating each other's values in the training programmes.

Counselling psychology adopts a scientist-reflective practitioner model for ongoing practice and professional development. This approach values the importance of scientific research in applying psychological knowledge to their therapeutic work with clients (Blair, 2010). The reflective approach requires counselling psychologists to engage in supervision, continuing personal development and being open and aware of experiences (Strawbridge & Woolfe, 2003). This is argued as the major difference between the two professions as the focus on personal development, therapy and wellbeing is important when working in mental health, (Ramsey-Wade, 2014). Counselling psychology values the relevance of meanings, feelings, insight and subjectivity. Although it acknowledges the value of evidence based practices, counselling psychology focuses on mutually constructed realities of practitioner

and client. Unlike clinical psychology, it veers away from the diagnosis of psychological disorders.

Blair (2010) describes the tensions faced in counselling psychology in meeting the demands of the scientific-reflective practitioner as diagnosis of mental disorders do not necessarily consider the holistic view of clients as individuals. The scientific element can be drawn in with the manner they conduct therapy such as rigorous information gathering in assessments and developing formulations to test hypotheses referring to empirical findings and theory to select the most appropriate interventions. It is also critical that these formulations are continually readdressed and modified to ensure best practice for the interests of their client's wellbeing.

The findings from Cushway's (1992) research seem to correlate with Kumary and Baker's (2008) findings, which may suggest similarities between the two areas. There has been extensive debate regarding counselling and clinical psychology. Research conducted in the US and Canada may translate very little to UK approaches. However, a glance at the status of clinical and counselling psychology in these countries may provide an insight. Bedi, Klubben and Barker (2012) conducted a comparison of the counselling and clinical doctoral programmes in Canada and asserted that clinical psychology has gained a widespread awareness of its characteristics than counselling psychology. Clinical psychology has long been developed and established its status in applied psychology where accordingly the Canadian Psychological Association (CPA) endorsed an official definition in 1991. In comparison, counselling psychology's characteristics are less rooted in applied psychology, which was justified in the CPA's endorsement of a definition in 2010 (Bedi, et al, 2012).

#### **1.4 Stress in counselling and clinical doctoral courses**

There is little research focussing on those who are undergoing the process of training to become counselling psychologists. Kumary and Baker (2008) studied the stresses reported by counselling psychologist trainees and found that there were high stress scores in three areas of the course including academic, placements and personal and professional development. They identified the need to study trainees considering some of the impacts of working in mental health for chartered psychologists.

Kumary and Baker, (2008) however argue that perhaps research should focus on trainee's perspectives of their training experience on the courses including gaining client hours on placements in various settings of their choice. However, as Kumary and Baker (2008) have found, trainee counselling psychologists also experience an impact of working therapeutically in mental health settings along with coping with stressors on the course. They state that trainees are perhaps more vulnerable to stress and burnout due to the emotional demands of clients. Millon, Millon and Antoni (1986) have argued that the training in psychology is 'full of intrinsic stressors' where students are presented with a number of academic and clinical demands which are likely to lead to self-doubt in the early stages of training. Trainees are also faced with a number of demands from the course such as learning about various therapeutic approaches before applying skills to practice in placements. They must also adopt many roles within the training process such as trainee, student, researcher, therapist and team member. Trainees are constantly being evaluated for their competencies as practitioners by coursework and performance at placement by supervisors. This creates many demands on the trainees to deal with, which could lead to a 'crisis of confidence' and working towards the edge of their competency (Cherniss, 1980; Kuyken et al, 1998).

Cushway (1992), studied clinical psychology trainees in the UK and found four areas that were a source of stress including workload, personal stressors, placements and the programme organisation. There were also other sources of stress that were not directly linked with the course such as poor clinical supervision. They found 59% of clinical trainees reported high levels distress which was pertinent to the second and third year of training. However, it is important to note that these results did not differentiate between training programmes or clinical placement at the time. Therefore the results may have also been explained by other demands placed on the clinical trainees such as major life events, impact of travel and finances (Kuyken, Peters, Power & Lavender, 1998).

Financial burden can be an issue for some counselling psychologist trainees (Kumary and Baker, 2008; Bor and Watts, 1997; Neimeyer and Goodyear, 2005), as there is no funding for the course at doctoral level. Trainees are expected to fund for the course from their own devices, be it their own savings, family contributions or loans (Kumary and Baker, 2008; Bor and Watts, 1997). Neimeyer and Goodyear's (2005) American study explored the future of counselling psychology training programmes and what the profession can do to move forward in America. One of the suggestions was to become more proficient in aiming to obtain grants and external funding for the course. Clinical trainees do not face these issues as their placements on the course are funded. Neimeyer and Goodyear's (2005) aim to get counselling psychology onto an equal status within psychology, encouraged researchers to publish in other journals such as education initiatives to better adapt environments to positively influence others. These findings obtained from overseas should be read with caution as they may not be entirely applicable to all counselling psychology courses in the UK.

Those studying on doctoral courses struggle with work-life balance where time management is seen as largest challenge throughout their course, closely followed by

balancing responsibilities (West et al, 2011). Students found themselves having to deal with family commitments whilst trying to produce high quality academic work. Difficulties in one area may impinge on another area where lack of control or family responsibility e.g. childcare, may have detrimental effects on their studies. There are also unforeseen life events that may produce challenges and compromise personal relationships to contend with the demands of the doctoral course (West et al, 2011). Work-life balance produces challenges for postgraduate students where constant decision making, negotiating and prioritising to minimise a negative impact can induce feelings of guilt and anguish. Gold (2006) argues that regardless of what choice is made, there is always an important issue that was not chosen and students that face these dilemmas are aware of the consequences of each decision. These can be both positive and negative affecting those around the trainees including their partners and children.

Kardatzke (2009) carried out a comprehensive study on counselling graduates from masters and doctoral studies to examine perceived stress, adult attachment, dyadic coping and marital satisfaction. Working therapeutically in itself can take its toll on counsellors and especially on students and can contribute to compassion fatigue, burnout and vicarious traumatisation (VT). Adams and Riggs (2008) explored VT in trainee therapists; they argued that trainee therapists would experience trauma clients on their placements and that these novice therapists would be more likely to experience difficulties as a result. This in turn may impact upon their marriages and affect family relationships. Kardatzke (2009) found a negative association between perceived stress and marital satisfaction and that the dyadic coping strategies couples used have a direct effect on their marital satisfaction.

Providing therapeutic services can be personally challenging where there is a great deal of reflection and self-awareness from the student which can be emotionally draining and can spill over into family lives. Self-care and self-awareness is a large and important part of



the counselling psychology doctorate where it is believed that those who physically and psychologically look after themselves are in a greater position to look after their clients to the best of their abilities (Kardatzke, 2009; Lawson, 2007). There are also many benefits for the students where they are able to gain personal development and be able to integrate this sense of increasing self-awareness within their lives. Clinical psychology doctoral students however do not have this mandatory requirement for personal therapy, which raises questions as to whether counselling doctoral students would be better equipped to make use of dyadic coping within their relationship.

A survey into the difficulties clinical and counselling trainees experience has implied that more should be done to support trainees in this process, as practising psychologists are prone to personal distress, burnout and substance abuse (Forrest, Elman, Gizara & Vacha-Haase, 1999, Huprich & Rudd, 2004). It is assumed clinical and counselling psychology attracts introspective and analytical individuals who may have directly or indirectly experienced psychological distress. It is therefore recommended that training programmes should provide support to students. Other recommendations from this study suggest that training providers need to critically evaluate their assessment of potential students through interviews, recommendations and also, more importantly formalised procedures (Huprich & Rudd, 2004). There were limitations to their research where they produced a 20% response rate and with an unusually low rate of practitioner doctorate courses and was conducted in the US.

Although providing more stringent assessments procedures for prospective students may counteract impairment in trainees, research by Osturlund and Mack (2014) into the graduate counselling students' personal relationships provides contrary suggestions. They advocate that as students anticipate difficulties, they are not fully expectant of the reality of

the struggles they experience, which suggests that even with stringent assessment procedures during selection, trainees may be more distressed than initially anticipated.

Working in mental health professions can also reduce trainees' attention span, concentration and decision making; therefore the demands can impede on the training experience and affect their successes (Maris & Maris, 2010; Shapiro, Shapiro & Schwartz, 2000). Academic institutions are recognising the importance of self-care and self-awareness to be implemented in their training journeys and their future careers (Weiss, 2004) with the requirement for counselling trainees to undertake personal therapy. It is important to consider the individual differences of trainees; a study focussing on the psychological adaptation of clinical trainees explored the impact of individual differences in their work and how coping, social support and appraisals were linked to this. Individual differences included personal experiences which informed their own clinical work, the impact of personal distress on their work, self-awareness and being aware of the difficulties of psychologists in the field (Kuyken, Peters, Power & Lavender, 1998). Although this research is dated and focussed primarily on clinical psychology trainees with a 60% response rates, it highlights the demands placed on relationships and responsibilities at work. Therefore this indicates a need for work on self-awareness and personal development to manage these demands.

### **1.5 Coping**

When an individual is faced with demands and expectations that exceed their perceived control and resources, they experience increased pressure and stress, which impact on their biological and psychological states (Puglisi-Allegra & Andolina, 2014). The main aim of coping is change. This can be achieved through an adjustment of external or internal conditions or by the avoidance or perceived negative conditions and maintaining positive psychological states (Folkman & Moskowitz, 2004; Zhang et al, 2014). Responses to stress

hold much value as they support the individual in adapting to difficult situations through developing ways to deal with the stressors. Due to its biological toll on the human body the individual is unable to endure stressful experiences for long periods of time (McEwen, 2007). Therefore effective coping strategies need to be developed and in turn the individual adapts physiologically and psychologically to the situation through these coping strategies. This adaptation process enables the individual to gauge their controllability over the stressful situation to reduce the stressful response.

The Transactional Model of stress (Lazarus, 1966) acknowledges the importance of the cognitions individuals make to appraise the situation. The primary and secondary appraisals make judgements and decisions about the individual's ability to manage the situation given the available resources. Some of their resources are physical in nature including current health and energy, as well as social resources such as support from friends and family. How the individual appraises their psychological resources is also important such as their self-esteem and self-efficacy to manage the perceived stressful situation. The level of self-control is also an important factor when appraising stressful events as situations deemed as uncontrollable are more likely to be appraised as more stressful and hence a reduced sense of coping the individual will have. Coping can also be a learned quality as emphasised in Social Learning Theories (Bandura, 1977, 1997) in that coping can be learned from one another through observation, imitation and modelling. This theory not only rates the cognitive aspect such as the Transactional Model of Stress but also the behavioural paradigm in learning through observation and the outcomes of those behaviours (Bandura, 1997; McLeod, 2011).

There are a number of dimensional approaches to coping styles that have been classified in the breadth of research including problem-focussed and emotion-focussed, cognitive and behavioural, approach and avoidant; and more recently mature and immature.

Problem focused coping, also classified as approach coping focuses on the cognitive and behavioural aspects of resolving the stressor to change the situation. Strategies can include active coping, planning and information seeking (Barton, Clarke, Sulaiman & Abramson, 2003). Emotion-focused coping tends to involve changes in the way individuals think and behave in relation to the stressful situation therefore adopting the cognitive and behavioural realms to cope. Individuals using avoidance coping strategies may vent anger, avoid the situations and portray denial (Lerman & Glanz, 1997, Barton, et al, 2003). Mature coping styles tend to include active help-seeking, humour and justification. However, immature coping styles include passive aggression and acting out and withdrawal (Zhang et al, 2014). It would be interesting to note the coping styles of those on the counselling and clinical courses and those of their partners and if there are any differences between and within the disciplines which this research will attempt to explore. The coping styles within couples may provide the field with interesting information on supporting couples faced with these new life changes.

### **1.6 Dyadic Stress and Coping**

Dyadic stress can be defined as the process of experiencing stressful events that impacts both members of the couple (Bodenmann, 1995, 2005). The interdependency of couples foresees that when experiencing stressors the couple influence each other and in their problem solving efforts where the main aims of coping are to protect the relationship and each other (Cutrona & Gardner, 2006; Kardatzke, 2006). It is understood that stress and coping in couples can have significant effects on their relationship quality and stability (Bodenmann, 2000; Karney et al, 2005; Koranyi & Rothermund, 2012). Stressors that impact both of the couple such as disease, illness, change in life events such as parenting; and long periods of separation, are more likely to cause increased distress in the relationship (Coyne & Smith, 1991; Koranyi & Rothermund, 2012; Casmisasca, Miragoli & Di Blasio, 2014). External stressors originating outside of the relationship such as job stress can spill over into

the relationship which can cause less time spent together as a couple and more negative interactions between them (Randall & Bodenmann, 2009). This can lead to feelings of separateness and less of a couple identity (Bodenmann & Randall, 2012; Randall & Bodenmann, 2009). Continuous exposure to stress can therefore lead to alienation, disengagement and dissatisfaction with the relationship and ultimately increase the likelihood of divorce or relationship break-up (Bodenmann, 2000; Bodenmann & Randall, 2012 Karney et al, 2005).

According to Bodenmann (2005), there are two types of dyadic stresses: direct and indirect. Direct dyadic stressors relate to situations that impact upon both partners. These are common stressors such as finance or their child's health. They are impacted at the same time however, perhaps in different ways. The second type of dyadic stress is known as indirect dyadic stress. This involves one partner being directly affected by a stressor and the other partner is impacted through the effects on their partner such as job loss or undertaking further education such as doctoral level. The secondary impact on the partner is termed as crossover as the stress from the other causes a spill over to the partner (Bolger, DeLongis, Kessler & Wethington, 1989).

It is evidenced that the impact of academic studies causes stress not only for the student but also their families and intimate relationships (Bor and Watts, 1997; Gold, 2006; Kardatzke, 2009; West et al, 2011; Neimeyer and Goodyear, 2005; Kumary and Baker, 2008). Trainees with partners and families are faced with making constant decisions and choices about how to fulfil demands from both areas in their lives, which may lead to stressful encounters that further impact on their studies and intimate relationships (Kardatzke, 2009). According to Bodenmann, Ledermann and Bradbury (2007), both chronic and acute stressors are associated with relationship stress and tensions which ultimately incur lower levels of marital satisfaction. However, it is important to recognise that there is great

variability in how stressors impact on individuals, couples and families. Therefore, results may not generalise to all courses and couples (Robles & Kiecolt, 2003).

In relation to this research, taking on doctoral level studies whilst in a committed relationship can constitute indirect dyadic stress on couples. Research has noted the stress inducing impact of further education on students, which in turn impacts their partners and families (Kardatzke, 2006; Kumary & Baker, 2008). Students therefore use a number of coping strategies to support themselves when faced with stresses and have reported that social support, mentors, seeking emotional support and planning have been useful coping strategies (Kardatzke, 2009; Mallinckrodt & Leong, 2001; Nelson et al., 2001). It was found that social support had a buffering effect on stress with women in particular (Calicchia & Graham, 2006; Kardatzke, 2009). This may indicate possible gender differences in the use of social support as coping strategies for stress.

According to Bodenmann's (1995, 2005), Systemic-Transactional Model dyadic coping is seen as a process where both partners manage direct or indirect stressors together. Both partners are required to appraise whether the stressor is a threat to themselves, each other and the relationship and take joint responsibility in developing coping strategies (Bodenmann, 2005; Kardatzke, 2006). The way the couple deal with the stressors together is a predictor of how well the relationship functions and its stability (Bodenmann and Randall, 2012). The coping pattern is seen to take on a circular fashion where partner 1 communicates their stress to partner 2 who encodes, perceives and evaluates the impact and therefore reciprocates support through dyadic coping strategies. Through intimacy, mutual closeness and trust, the couple's relationship functioning can improve in aiming to restore and maintain their wellbeing and reduce levels of stress (Bodenmann, 2005; Cutrona & Gardener, 2006; Bodenmann & Randall, 2012). Recently a longitudinal study focussed on the prediction of relationship satisfaction and stability by stress, well-being, coping and communication

(Ruffieux, Nussbeck & Bodenmann, 2014). Results indicated that predictors of relationship satisfaction were relationship satisfaction in the beginning of the relationship and the couple's dyadic coping competencies. Predictors for relationship stability were relationship length, positive communication (especially for women) and relationship satisfaction (Ruffieux et al, 2014).

Research has indicated that there are two main elements for interventions based on dyadic coping methods in couples therapy: (a) psychoeducation to teach couples how daily and external stressors can impact on their relationship functioning and how it can be protected against the negative impacts of stress and: (b) training for couples in effective coping strategies to cope together with stressful situations; developing mutual coping and understanding of each other (Bodenman, 2007, 2010; Bodenman & Randell, 2012). Although research tends to suggest negative impact of stress, there may be some situations where this is not the case and the shared experience of stress may in fact function to strengthen the intimate relationship (Kardatzke, 2006). It is argued that those who experience more external daily hassles in fact reported higher marital satisfaction, (Bodenmann, 2005, 2007). It may be that challenging events provide the prospect of couples to expand their commitment and intimacy to work together in developing solutions for their stresses. Perhaps overcoming these stressors together can bring about a sense of togetherness and achievement for the couple unit (Story & Bradbury, 2004; Kardatzke, 2006).

Research into the stresses and coping in committed couple relationships provides implications towards couple's therapy providing evidence for new therapeutic interventions. Research focussing on stress on couple interactions and relationship satisfaction has given rise to treatment interventions such Couple-Orientated Couple's Therapy (COCT) (Bodenmann & Randall, 2012). More recently the notion of couple Relationship Education (RE) aims to enrich and enhance relationships to maintain healthy and stable relationships.

Research evidence focussed on the influences on relationship stability and predictors of relationship satisfaction such as dyadic coping has informed the development of Relationship Education (Halford, Markman & Stanley, 2008; Halford & Bodenmann, 2013). This intervention differs from couple's therapy as it offers 12-18 hours curriculum, introducing key concepts such as the importance of commitment and shared relationship expectations; problem solving, communication and coping skills. RE generally works with couples who are already satisfied with their relationship which therefore aims to enhance their current positivity to develop strong foundations towards the future of their relationship. RE can also support couples who are at risk of developing future relationship problems and those showing the early signs of relationship difficulties.

Couples therapy on the other hand works with couples who are facing current distress in their relationship and focuses on their commitment towards the relationship. It also posits long term and possibly expensive investments in the couple (Halford & Snyder, 2012; Halford & Bodenmann, 2013). Therefore RE could be seen as a preventative focus for couples, which provide them with the education and skills to develop their relationship towards positive growth. However generally couples seek support when in distress, therefore it could be questioned as to how or why highly satisfied couples would seek RE if they perceive their relationship as well functioning and satisfactory. Research into RE has mainly focussed on Caucasian couples from educated backgrounds therefore little research focuses on the impact of less socio-economically bound couples who may be at more risk of relationship distress (Halford & Bodenmann, 2013). Research suggests that the benefits on relationship satisfaction are long term however most published studies have follow-ups of six months or less, which advocates the need for further research into more sufficient longitudinal studies for the impact of RE (Hawkins, Blanchard, Baldwin & Fawcett, 2008; Halford & Bodenmann, 2013). However, these steps towards prevention and relationship



support are important considerations for couples faced with stressors impacting upon their relationships.

### **1.7 Personal Therapy**

Personal therapy provides psychological treatment for mental health practitioners both qualified and in training based on group or 1 to 1 settings. There is an ongoing debate as to whether personal therapy is useful for practitioner's personal and professional development and growth (Kumari, 2008; Von Haenisch, 2011). Research focuses on the benefits of personal therapy on therapists and explores the notion of what it takes for a therapist to reach relational depth with clients. Personal therapy can be useful in exploring fears personally and professionally, in becoming aware of those fears, and being able to understand and experiment with them (Mearns & Thorne, 1999; Donati & Watts, 2000). It is argued that this can lead to increased self-awareness and acceptance and reduces blocks in therapy on behalf of the therapist. McLeod (1998) argues the importance of personal therapy to develop personal soundness in being able to tolerate strong and emotional feelings. Those who underwent personal therapy are argued to focus more on therapeutic relationships with their clients as those who do not are more likely to focus on therapeutic technique (Norcross, Strausser-Kirtland & Missar, 1988; Von Haenisch, 2011). Haenisch (2011) explored the influences of personal therapy on personal development in trainees and found that influences were experienced in their physical, cognitive, emotional and physical worlds. Participants were able to gain better understanding of therapeutic relationships, skills and support, which led to increased self-awareness and professionalism.

Personal therapy is mandatory element in counselling psychology training where trainees are expected to have around 30-40 hours of personal therapeutic hours over the training programme including personal development within the course structure (Kumari,

2008). This coincides with counselling psychology ethos to focus on the relational aspects and the importance of the 'self' in the therapeutic relationship (Strawbridge & Woolfe, 2003; Woolfe, 2006). Clinical psychology training however does not stipulate mandatory personal therapy whilst some universities offer an allowance towards personal development which may be used towards personal therapy.

Although most research values the impact of personal therapy it is difficult to ignore its related negative experiences such as poor resolution of problems, therapist difficulties and relationship breakdown (Grimmer & Tribe, 2001). Research into the negative experiences is scarce. However, a study with high level psychotherapists found that more than one third of the respondents (38%) highlighted some negative impacts of personal therapy including psychological distress. Around 50 % reported difficulties with finances in funding personal therapy and in the time to fit this in their schedules (Macaskill & Macaskill, 1992; Rizq & Target, 2008; Kumari, 2011). Although dated, this research focuses on qualified therapists on a senior level. Therefore there are implications to consider for trainees who must take on personal therapy as a mandatory element.

Unlike their counterparts in Clinical psychology, Counselling psychology trainees already face the challenges of self-funding their training (Kumary and Baker, 2008). Therefore the pressure of personal therapy on top of course and travel fees can seem quite steep, considering clinical trainees are funded and even given an allowance towards personal development. Nevertheless, it is argued that the positives tend to outweigh the negative impact of personal therapy on their clinical work and personal life. Through the lack of research and somewhat contradictory findings, the general consensus states that negative effects are short term and minor and can be perceived as an element in the process of personal therapy (Kumari, 2011). However, it can be argued that the main focus on positive effects of personal therapy may have minimised the negative impacts on therapists' personal

and professional development. Personal therapy posits a number of benefits and negative impacts on both therapists and trainees. The use of mandatory therapy may therefore influence trainees' experiences on the course under the demands of academic, practical work and the balancing of work and home life. Given the impact of stresses from academic courses on the couple relationship, it shall be interesting to note if the use of personal therapy has any bearing on the couple dyad in coping with stressors or perhaps impinging on the relationship.

Couple relationships have been known to transform as the trainees embark on new journeys of self-awareness (Murray & Kleist, 2011). This leaves the question whether partners too experience part of this new found awareness or remain left behind from their partner's journey leading to alienation and relationship difficulties.

### **1.8 Mixed methods**

Arguments into the effectiveness of quantitative and qualitative research have been fiercely debated in terms of their appropriateness in terms of validity, causality, and generalisability (Ercikan & Roth, 2006; Masue, Swai & Anasel, 2013). Researchers from a positivist underpinning argue that findings should be able to quantitatively identify causal relationships through rigorous statistical analyses from large sample sizes in order to make generalisations towards the population. Qualitatively orientated researchers on the other hand argue that social phenomena require in depth exploration and analysis rather than gaining a generalised view. Due to the complexities of psychological phenomena, qualitative research provides context-sensitive analysis exploring phenomenological worlds through an epistemological lens (Masue et al, 2013).

Quantitative research traditionally adopts a positivist/empiricist approach to explain social phenomena. Positivist approaches take on an objective stance to research with the aim to detach subjectivity. This in turn increases reliability in replication and therefore begins to

establish causality (Ercikan & Roth, 2006; Masue et al, 2013). Empirical studies can involve controlled conditions whereas qualitative research approaches participants in their natural settings. With objectivity as the main goal, questionnaires can be implemented to achieve standardised measures for all taking part. Items on questionnaires therefore undergo rigorous testing to ensure they are reliable and valid measures where they can be easily applied to various social settings. Large sample sizes are sought to search for 'laws' within populations to develop predictions of how the world works (Dharamsi & Scott, 2009; Masue et al, 2013).

Qualitative research does not rely on numerical measurements but aims to draw interpretations of individuals' social worlds. The in depth analysis fine tunes an area of research where quantitative studies would gain a general understanding of how the population behaves. Qualitative research is interested in the interpretations of an individual's experiences in how they are socially constructed and how the researcher interprets these interpretations rather than reducing data to numbers and statistical patterns (Anderson, 2010; Masui, et al, 2013). Interviews and focus groups tend to be the most popular form of investigation in qualitative research where questions can be guided and modified according to the researcher's needs and means of enquiry in real time. This contrasts with the use of questionnaires which are subject to stringent trials until they provide sufficient validity and reliability, therefore restrict the researcher in tailoring their research towards a particular avenue of enquiry (Anderson, 2010). The complexities and subtleties of individuals are often discovered in qualitative research providing a greater understanding of human behaviour that positivist research may neglect. The primary aims are to understand how individuals formulate their interpretations in a comprehensible manner for the researcher to grasp and then to interpret ensuring they capture the meanings and nuances individuals apply to that experience (Tacq, 2011).

There are a number of disadvantages to the use of qualitative research in that it is often criticised for the lack of rigour in analysis. The data collection and analysis process can be time consuming and has been argued to be subjective according to the researcher in their interpretations of the data. However, this subjectivity can be a strength in some methods such as Grounded Theory (as discussed later) (Charmaz, 2006; Madill, Jordan & Shirley, 2000; Anderson, 2010). Qualitative studies fail to offer 'laws' of behaviour over a large sample that can be falsified compared with positivist approaches (Anderson, 2010; Masui, et al, 2013).

It is argued more recently that fewer psychologists adopt strict positivism towards observable data in controlled settings. Increasingly researchers espouse more interpretive and metaphorical aspects in scientific research, theory and knowledge. However, elements of traditional positivist investigation still stress the importance of non-biased and objective data collection and analysis (Madill, Jordan & Shirley, 2000). In quantitative research this can be achieved through coding manuals which can define definitions that can be effective through objective analysis.

It has been identified that qualitative researchers can work within a variety of epistemological dimensions including realist, contextual constructionist and radical constructionist (Henwood & Pidgeon, 1994; Madill, et al 2000). These can be equated to natural science, human science and poststructuralism. Realism states that the world is as it is and holds a truth in this sense where scientific methods can yield true representations of the world. On the other hand, critical realism argues a degree of subjectivity and representations hold subjective interpretations of the world according to socialisation. This view relates to qualitative research where the researcher uses their interpretations to develop an understanding of a phenomenon. Although this values the use of human interpretations, there is a loss of objective and well evidenced measures (Madill, Jordan & Shirley, 2000).

This research adopted a mixed methods approach with the overall aim to gain an in depth view into the stresses and coping of trainee counselling and clinical psychologists and their partners. This study valued the objective and subjective nature of the data whilst taking into account the researcher's interpretations, opinions and biases (Hanson et al, 2005). Mixed methods can be advantageous as they offer greater understanding into the stresses and coping of doctoral trainees in counselling and clinical psychology and their partners. The impact on the relationship was also be explored from both perspectives, offering not just the status quo of a single method study but further understanding into the dynamics of the data and how it can be interpreted. It acknowledged the juxtaposing paradigms of positivist and social constructionist viewpoints and aimed to synthesise the inductive and deductive methods towards a utilitarian and pragmatic approach (Catallo, Jack, Ciliska & MacMillan, 2013). By combining a survey design with an interview study based on Grounded Theory, this approach hoped to capitalise on the strengths of each approach, working to corroborate findings as opposed to dichotomising findings (Curry, Nembhard & Bradley, 2009).

The survey study focused on the level of trainees and partners' stress and outcome measures of their coping and couple relationship it was anticipated to provide an overview of the stresses and coping of the trainees and their partners. On the other hand, the grounded theory study aimed to understand both trainees' and their partners' experiences whilst in training by interpreting their phenomenological explanations of how they perceive their lives in light of the stresses; and how they cope individually and as a couple.

There was an opportunity to gain an understanding into the roles of each partner, and potential shifts in their relationship as a result of the course including the impact of dealing with stress through their individualised coping strategies.

Therefore the overall aims of this mixed methods research were to explore the relationships between clinical and counselling trainees and their partners' relationships between stress, dyadic coping and relationship satisfaction. It also hoped to gain an in depth understanding of how couples process the journey throughout the training course and explore the issues that arise and how these are dealt with individually and as a couple. Each approach shall provide specific research aims according to the methodology.

Ethical approval was obtained from the University of Wolverhampton research ethics committee from the School of Applied Sciences and ethical issues were considered throughout. This research adhered to the British Psychological Society's Code of Ethics and Conduct (BPS, 2009) in ensuring confidentiality and looking after the participants' participating experience.

Throughout the research participants were offered the opportunity to ask questions and were reminded of their right to confidentiality and anonymity and that they could withdraw their data at any time. Anonymity and confidentiality were maintained in the online survey and in the grounded theory study. The survey study required participants to provide a password as they completed the survey. Participants were informed that their identity would not be provided or linked to the data. Participants in the grounded theory study were informed that any identifying features were omitted or given pseudo-names to protect their identity. All participants were informed that the data would be kept confidentially on a password protected computer.

There was no known risk to participants when taking part in the survey study. The questions set in the initial semi-structured interview schedule and subsequently revised questions might have been sensitive to some participants and potentially invoke strong emotions in some of them such as anxiety. These considerations were verbally discussed with

the participants prior to the interviews. Participants were also reminded that they could pause the interviews for breaks or stop at anytime. They were asked to contact the researcher and their supervisor for further support if needed during debriefing. Participants were also informed that if any concerns arose in regards to safeguarding that their rights to confidentiality may be compromised for their safety. After each interview, participants were debriefed about their experiences in taking part and signposted to further support.

The two main studies will be presented sequentially with the survey study first to explore generalised findings or trends of the survey study, followed by the Grounded Theory study where findings of the interviews were analysed in-depth (Curry et al, 2009). Due to unforeseen circumstances, recruiting clinical trainees and their partners in the limited time available was not possible. Therefore the Grounded Theory study focused on counselling trainees and their partners as opposed to both clinical and counselling training and their partners as initially intended. An overall discussion will be presented thereafter in Chapter 4 to encapsulate the findings from both investigations. The final chapter shall focus on the critical appraisal exploring the research journey and the role of the researcher within the process.



## **Chapter 2: Survey Study**

### **2.1 Introduction**

The survey study aimed to explore how stress and coping are perceived by counselling psychology trainees and their partners compared to those of their counterparts in clinical psychology and their partners. The aims were to explore the differences between counselling and clinical trainees and their partners about how they perceived stress on the course; how they coped as a couple; and the impact on their relationship satisfaction.

As explored in the introduction, postgraduate study is known to impact students in a variety of areas such as finances, time, academic stress and also significant relationships. Having families also impact students in adding to already competing demands for example having to prioritise demands for childcare can lead to detrimental effect on their studies (Kardatzke, 2009). Previous research has noted that stress in doctoral courses especially in healthcare fields can lead to low mood and functional difficulties compared to those on non-healthcare programmes (Chilukuri, Bachali, Naidu, Basha, Selvam, 2012; Frick, Frick & Coffman, 2011).

Focussing time on studies may lead to neglecting childcare and familial responsibilities (West et al, 2011). A complex picture begins to form where these competing demands may cause difficulties in intimate relationships, adding to stressors from the course as well as maintaining their significant relationships (Brannock, et al, 2000; Kardatzke, 2009). Trainees are also expected to manage their differing roles. In their attempt at the balancing act, increased stress and lower relationship satisfaction might arise (Mallinckrodt & Leong, 1992; Hodgson & Simoni, 1995).

Counselling psychology is a fairly young profession and trainees on the counselling psychology courses are self-funded unlike their counterparts on the clinical psychology courses with funded placements. There are added requirements of self-funded mandatory personal therapy for the trainees on the counselling courses. By comparison, clinical psychology has more widespread awareness of its characteristics as scientific practitioners and its roots in applied psychology (Blair, 2010; Cushway, 1992). Counselling psychology focuses on reflexivity, self-awareness, insight and subjectivity (Kumary & Baker, 2008). The clinical course has less focus on these areas and emphasises evidence based practice and biopsychosocial models including neuropsychological aspects from a developmental perspective (HCPC, 2015).

Clinical and counselling psychology is similar in terms of placements in NHS and private settings. However, there are still pressures for counselling psychology to earn the same rights and recognition as clinical psychology in terms of professional status, financial support and better job prospects (Bedi, Klubben and Baker, 2012). This study hopes to compare the two disciplines in terms of the link between perceived stress, dyadic coping and relationship satisfaction. Considering the additional pressures to fund the course, pay for mandatory personal therapy, accept voluntary placements, it may be assumed that trainee counselling psychologists may experience more stress than clinical trainees. The focus on self-awareness in their training may induce additional pressures as trainees delve into their lives bringing up difficult themes, which may be an additional stressor when managing the demands of the course.

Research suggests that relationship security can be endorsed by the roles each partner plays in the relationship and how comfortable they are in the role. Those who are able to ease into their roles are more likely to report high relationship satisfaction and security (Guerrero, Anderson & Afifi, 2011). This is a developmental process, which is constantly evolving to

adapt to changes in the couple and in their environment. Enrolling on the training course and meeting the demands of the course will mean that each partner needs to adjust to reach equilibrium again and feel comfortable in their evolving roles. As the trainee is increasingly invested in the course, roles are shifted within the relationship. Trainees may become more dependent on partners for financial support, completion of household tasks and providing childcare. This leads to increasing role demands on their partners and consequently, further presenting new challenges. This suggests an adjustment period where trainees and partners may struggle to adapt to the changes and new demands (Casmisasca, Miragoli & Di Blasio, 2014).

Research has also focused on the impact on partners in having to manage their increasing roles when the trainees are focused on the course. Although supporting the trainees in their career aspirations, the partners are noted to experience feelings of neglect and abandonment where they are feeling left aside as the trainees focus on the course (Day & Chamberlain, 2007). This can lead to a widening in the couple unit where mutual goals are broadened and perhaps the couple becomes more entrenched in their individual roles rather than the ones that are specific to their relationship. This can lead to relationship dissatisfaction and potential breakdown. Normality such as daily routines for the couple may be distorted as the course creates uncertainty and reduces time spent together as a couple, which can lead to dissatisfaction in the relationship (Guerrero, Anderson & Afifi, 2011).

Although stress can impact couples through spill-over from one partner's internal and external world, it is important to understand the levels of stress appraised by the individual and how this may shape the couple's coping ability. The Perceived Stress Scale (PSS) was used to assess the extent to which situations in one's life are appraised as stressful. The scale is based on Lazarus' (1966) Transactional Stress Model, alluding to the relationship between the individual and the environment where the individual appraises a situation as stressful

when there is incongruity between coping resources and demands. As the most widely used global measurement of the perception of stress, the items assess how unpredictable and uncontrollable individuals find their lives. The items are content- general relating to all sub-populations (Cohen, Kamarck, & Mermelstein, 1983). The advantages of the PSS are that it can be administered in a few minutes and is easy to score (Al Kalalkeh & Abu Shosha, 2012). The PSS-10 is identified as the most effective measurement compared with its longer and shorter counter parts (PSS-14 & PSS-4) (Eun-Hyun, 2012). Research on its validity suggests higher PSS scores are associated with greater vulnerability to stressful life-events and therefore may increase depressive symptoms (Cohen, et al, 1983).

Frick et al (2011) explored student stress in a three year doctoral pharmacy programme of 95 students in the US. The course was a more difficult version of the traditional four year programme due to the shorter time frame to include placement settings and regular assessments with assessment targets of 90% pass rates requirement. PSS scores revealed a high score of 28.1 with no significant difference compared to those on the four year programme. However, they were more likely to misuse prescription drugs as coping mechanisms compared to those on the four year programme, suggesting there were no quantitative differences in terms of perceived stress. Those on the three year programmes however, showed more maladaptive behaviours by comparison. This study was based in the UK with a similar set up in terms of placement and academic work. Although, the sample of one class of pharmacy students might be difficult in generalising results, leading to lower external validity.

Chilukuri et al, (2012) explored perceived stress amongst medical (n=144) and dental (n=90) students in South India due to the widely reported stress medical students experience. A similar picture emerged in this study where healthcare professions induce more stress than other professions (Kardatzke, 2009). Perceived stress in dental students (16.74 (SD 5.99)

were reported significantly lower than medical students (18.23(SD 5.52). The medical college is regarded to be highly competitive where admissions are based on high merits, social status and cultural backgrounds. As a stricter college, medical students are reprimanded when missing classes and movements around the college are closely monitored suggesting increased pressures. Findings should be taken with caution as cultural differences may suggest disparities in how courses are run in the UK.

Research into dyadic coping has focused on the importance of communication of stress within the couple and how it is associated with relationship satisfaction (Revenson et al, 2005). It is defined as an interpersonal process between both partners, where interplay between the stress signals of one partner and the coping response by the other creates a shared coping (Revenson et al, 2005). Therefore individual coping may not predict couple satisfaction as well as dyadic coping (Bodenmann, 2005; Meier et al, 2011). Positive dyadic coping fosters mutual trust, a sense of comfort and support, respect and commitment where one partner provides support to assist the other in their coping (Bodenmann, 2000; Caughlin & Huston, 2002; Markman, Rhoades, Stanley, Ragan, & Whitton, 2010; Levesque, Lafontaine, Caron, Flesch, & Bjornson, 2014). Negative dyadic coping involves partners supporting the other in a disapproving or patronising way and can include hostile and superficial attempts to support the other. This can lead to isolation and relationship breakdown as communication and understanding of stress are not considered by each of them or both of them as a unit (Bodenmann, 2008; Simmons & Lehmann, 2012). Positive and negative dyadic copings appear to predict relationship functioning and well-being. Positive dyadic coping developing increased communication and trust within the dyad is suggestive of increased relationship functioning. Negative dyadic coping using hostile supportive strategies may lead to couple alienation and decreased relationship functioning. Dyadic coping measured by the Dyadic Coping Inventory (hereafter as DCI) explores the stress signals of

one partner and the coping responses of the other and how they jointly cope together (Bodenmann, 2005; Papp & Witt, 2010). In dyadic coping, the partners work to re-establish and maintain a balance within the dyad when they encounter stressful situations. Merely observing the other's struggle is not as sufficient as providing dyadic coping, which can improve mutual safety, trust and intimacy, improving overall relationship quality (Bodenmann, 2005; Meier, et al, 2012).

The existing studies focused on examining partners' ability to understand each other's levels of stress and their use of coping resources to support each other as well as their joint coping efforts. Research has argued the use of dyadic coping as a strong predictor of relationship satisfaction (Bodenmann, 2005; Meier et al, 2012). Herzberg (2012) studied 240 German couples to determine how individual and dyadic coping efforts related to relationship functioning. Findings strongly suggest that dyadic coping is a stronger predictor of relationship satisfaction than individual coping. Individual coping can be linked with the individual's positive dyadic coping in that those with increased coping abilities are more likely to provide positive dyadic coping to their partners (Herxberg, 2012; Papp & Witt, 2010). As the Dyadic Coping Inventory (DCI) (Bodenmann, 2008) is a relatively new concept compared with individual coping, it is the only instrument available to the author to measure joint coping (Kardatzke, 2009). The DCI will be used to explore the degree to which couples actively communicate and support each other in times of stress, providing a comprehensive understanding of dyadic coping processes, which earlier research has neglected through their focus on individual coping efforts.

Positive coping strategies (i.e. my partner shows empathy and understanding to me), negative dyadic coping (i.e. my partner blames me for not coping well enough with stress) and communication of stress (my partner lets me know that he/she appreciates my practical support, advice, or help) measured in the DCI are reported to link with relationship

functioning over time and relationship satisfaction (Bodenmann et al, 2006; Papp & Witt, 2010). It has been validated with a sample of 2399 participants and shows good reliability of the subscales. Its discriminate and convergent construct validities were verified using Communication and Partnership Quality questionnaires where medium correlations were reported (Bodenmann, 2005, 2008; Ledermann et al, 2008).

The DCI has been widely used on clinical populations in health such as heart failure and cancer patients (Meier et al, 2012). Meier et al (2012) compared couples with one member with chronic obstructive pulmonary disorder and healthy couples. Meier et al found that patients reported having more support than their partners and were less likely to provide support in return as a result of their own stressors. This finding might suggest that trainees in the current study may experience unreciprocated support from their partners due to the impact of stress in doctoral studies. It remains to be seen the extent to which direct comparisons can be made between health problems and educational process (Hyun, 2009), since there is a clear positive outcome associated with doctorate training whereas patients with chronic illnesses may not have favourable outcomes.

The Relationship Assessment Scale (RAS), (Hendrick, 1988) is a frequently used ordinal-scale survey measuring relationship quality. The scale was developed to be short and less time consuming whilst still maintaining good levels of reliability and validity. It has shown to be highly correlated with the longer measures of relationship quality such as the 32-item Dyadic Adjustment Scale (Spanier, 1976) and the 280-item Marital Satisfaction Inventory (Snyder, 1979). The brevity of this scale increases its use in clinical and research settings and also for online settings (Hendrick, 1988). The RAS widens the focus of previous surveys that solely measured marital relationships to any romantic relationship (Hendrick, 1988). In a study of 57 couples in on-going relationships, the analysis supported an alpha reliability of .86 for the scale. The scale also correlated .80 with the longer Dyadic

Adjustment Scale, suggesting good convergent validity (Hendrick, 1988; Vaughn & Baier, 1999). A robust test re-test reliability of .85 for the RAS was reported with a six-week interval (Hendrick, Dicke & Hendrick, 1998). This is a prominent value considering the changes that occur in college age relationships. It is also effective at predicting which couples would remain together (91%) and which were separated (86%) when a small subscale was administered a few weeks later.

The RAS provides a generic global measure of relationship satisfaction that has a wider application to dating couples, married couples, couples living together and same sex couples than most other questionnaires. The measure taps into several relationship dimensions such as love, problems and expectations (Hendrick, 1988). Hendrick (1988) used the RAS to measure a group of undergraduate psychology students (N=125) in a dating relationship and found that the scale significantly correlated with measures of love, sexual attitudes, self-disclosure, commitment and investment in a relationship. Herzberg (2012) explored coping in a German student sample and found that dyadic coping strongly relates to relationship quality (assessed by the RAS) than individual coping, which did not relate to relationship satisfaction. This questionnaire was therefore used to understand trainees' and partners' relationship satisfaction in the context of the trainee registered on the doctorate programme. Their scores in the RAS would be examined in light of their levels of perceived stress and dyadic coping. A similar study to this study explored perceived stress, marital satisfaction, adult attachment and dyadic coping in 191 counselling graduate students in masters or doctoral studies in the US (Kardatzke, 2009). Average age of doctoral students was 34.8 (SD=9.76), 87.4% were female and the average years in marriage was 11.61 (SD=8.75). It was found that dyadic coping accounted for a significant amount of variance in predicting relationship satisfaction with good correlations. However perceived stress did not corroborate with the findings of Bodenmann (2005). As with the literature reviewed so far,



most studies focused on the postgraduate students in the US and little research has focussed on comparisons between trainees and their partners in the UK with respect to the relationship between perceived stress, dyadic coping and relationship satisfaction. There has been as yet no cross-discipline comparison between clinical and counselling doctoral programme.

This survey used an online design to enable easier access to trainees and partners nationally however entailed some pitfalls as discussed further on. The online platform enabled data collection over a wide geographical location over the UK. It was able to access trainees from both disciplines from a range of training institutions, leading to wider access to partners. The use of emails, online forums, official social media groups and divisional forums provided greater access to potential participants. The participants could access the online survey at their leisure in their own comfortable and private space, which could possibly eliminate researcher bias, social desirability and encourage more truthful responses (Duffy, et al, 2005). It can be argued that online designs may not be representative of the population with not all members of the public having access to the internet (Evans & Mathur, 2003). This survey study overcame this issue as all trainees require student email accounts and are more likely to have access to the internet to maintain contact with the course. However, this does not account for technological issues causing impact on loading times and configuration (Ray & Tabor, 2003). Instructions must be extremely clear because online surveys are self-administered. Traditional paper formats were also available for those who wanting to request this.

The online survey also worked to reduce time and finances in arranging for postal or face-to-face survey packs; it aimed to accumulate large amounts of data in a short space of time. The time spent analysing data would also be reduced due to easier transferring of data to statistical packages. The use of survey packages enables swift diversity of questions such as dichotomous questions, multiple choice, selecting one or more answers; rank ordering or

likert and semantic differential questions (Duffy, Smith, Terhanian & Bremer, 2005). Online surveys also enable control of answer ordering where participants may be prompted to provide an answer before moving to the next thus enabling fuller responses from the participants.

The purpose of this study is to explore and understand the impact of the clinical and counselling doctoral courses on trainees and their partners. Research has highlighted the effects of the spill-over of stress into relationships. Therefore it was of importance to understand how partners also perceive stress, relationship satisfaction as well as their perceptions of dyadic coping as a couple. The main research questions in this survey study are as follows:

1. Are there any differences between clinical and counselling trainees in terms of perceived stress and dyadic coping?
2. What are the predictors of relationship satisfaction in clinical and counselling doctoral students and their partners?
3. Are there any differences between partners of clinical and counselling trainees in terms of perceived stress and dyadic coping?

## **2.2 Methodology**

### **Participants**

In total 82 participants took part in the survey, 10 of those identified not being in a relationship and further 11 questionnaires were incomplete. Participants who did not complete the full survey and those who were not in a committed relationship were excluded from analysis therefore leaving 61 participants in total (See Table 1).

## **Design**

The study was a survey design using a free online survey site called Survey Monkey. Demographic questions were presented along with three questionnaires: Perceived Stress Scale (PSS) (Cohen et al, 1983), Dyadic Coping Inventory (DCI) (Bodenmann, 2008) and Relationship Assessment Scale (RAS) (Hendrick, 1988). The potential differences between the disciplines were analysed or ANCOVA. The relationship between the perceived stress and dyadic coping on relationship satisfaction was further explored using regression analysis.

## **Questionnaires**

### **Perceived Stress Scale**

The PSS (Cohen, et al, 1983) was used to measure stress in trainees and their partners. The PSS works to explore how individuals respond to stressful events through their individual interpretations. The PSS is a 10-item self-report questionnaire exploring the participants' thoughts and feelings during the last month (i.e. In the past month, how often have you felt unable to control the important things in your life?). It has 5 point Likert scale ranging from Never to Very Often (see Appendix A). This is a short version to the original 14-item questionnaire. However, it is contended that the psychometric quality is almost equivalent to the larger scale (Cohen & Williamson, 1988; Roberti, Harrington, & Storch, 2006). It is also praised for its quick administration and scoring (Cohen & Williamson, 1988). The PSS has moderate reliability of Cronbach alpha of  $>.78$  and the test-retest coefficient met the criterion of  $>.70$  with the interval ranging from 2 days to 6 weeks (Cohen et al, 1983). The PSS is argued to correlate in a predicted way with the other measures of stress such as the Life Events Scale (Cohen et al, 1983).

A score around 13 is considered average with the highest possible score of 40, therefore the higher the score, the higher perceived stress from the individual.

## **Dyadic Coping Inventory**

The DCI (Bodenmann, 2008) based on Lazarus and Folkman's (1984) Transactional Stress Model explores the way intimate couples cope with daily stress through shared coping either positively or negatively (Ledermann et al, 2010). The DCI is a 37 item questionnaire with a 5 point Likert scale ranging from *very rarely* to *very often* and takes around 15 minutes to complete. The questionnaire explores how each partner perceives their own coping, how they perceive the other is coping and each of their views of how they cope as a couple (i.e. I let my partner know that I appreciate his/her practical support, advice, or help). The internal consistency reliability ranged from .71 to .92 (Meier et al, 2012). The re-test reliability of the scales ranged between .52 and .82 among the subscales after two weeks (Meier et al, 2012). The DCI contains 10 subscales including stress communication, supportive dyadic coping, negative dyadic coping, delegated dyadic coping and common dyadic coping by both partners. Scores of 111 and below indicate dyadic coping as below average and scores between 111-145 indicate dyadic coping is within the normal range. Scores over 145 indicate dyadic coping is above average with a maximum score of 175. The subscales included in the present statistical analysis are positive coping (19 items; aggregated subscales of supportive dyadic coping, common dyadic coping, and delegated dyadic coping), negative coping (8 items) and communication of stress (8 items). The higher the score indicated increased positive, negative coping and communication of stress (see Appendix B).

## **Relationship Assessment Scale**

The RAS, developed by Hendrick (1988) on university students who were dating, is a 7-item scale to measure relationship satisfaction (i.e. In general, how satisfied are you with your relationship?). It is based on a 5-point Likert scale ranging from 1 (low satisfaction) to 5 (high satisfaction) (see Appendix C). This scale is unique in that it is not limited to

relationships in marriages. However, it generalises to all romantic relationships, which is useful in the requirements of this research that does not specify marital or same sex relationships but to all romantic relationships (Graham, Diebels & Barnow, 2011; Hendrick, 1988). It has been argued to have good test-retest reliability and consistent measures across diverse samples and valid (.49-.79) measures of relationship satisfaction (Hendrick et al, 1998). Scoring is continuous and therefore the higher the score, the more satisfied the participant is with their relationship. The maximum score is 35 (see Appendix C).

## **Procedures**

Potential participants were invited to take part in the study via group emails sent to course leaders nationally on clinical and counselling doctoral courses (see Appendix D). Participants were also recruited in person by presenting the research and aims to various cohorts at the University of Wolverhampton and instructed to reply to the recruitment email if they wished to participate.

The survey was also advertised through the Division of Counselling Psychology newsletter for both parts of the study, which reached all members of the division (see Appendix E). Adverts detailing the survey were also posted on the Facebook group of Counselling Psychologists UK and on Clinpsy Forum online, which adhered to their recruitment posting guidelines for access to a hub of clinical psychologists and trainees. Information sheets were attached to emails and posts and included the link to the online survey.

The information sheet provided details about the research, what is required for participation, confidentiality, anonymity and the right to withdraw (see Appendix F). Trainees were invited to pass the information on to their partners to complete the online survey and consider participation in the interview study. Those interested in completing the

online survey were directed to the link on the information sheet provided via recruitment emails. Prior to the questionnaires, participants were provided with additional information about the survey study; reminded of their rights as participants and prompted to check a box to confirm their participation on the consent form window (see Appendix G) and then prompted to continue with the survey. Participants were briefed with information of their participation and their right to withdraw at any time throughout the survey. In addition they were informed that their data had no identifying features. The data would be kept confidential on a password protected computer. Those who opted not to take part were redirected to the final page thanking them for their interest. The survey was closed in June 2014 thereafter no other responses could be collected and the data was collated for analysis.

Participants were not required to provide identifying information such as name or address. Those who selected that they were not in a relationship were directed straight to the PSS bypassing the additional questionnaires (DCI and RAS).

The responses on the questionnaires were scored and analysed through SPSS a statistical package. The relevant scores were reversed and SPSS was used to compute various analyses of the data.

### **2.3 Results**

Participants with missing data as well as those trainees who were not in committed relationships were excluded from the analysis. Partners were also excluded from the statistical analysis due to the low response rate. The number of partners of clinical and counselling trainees was significantly less than the trainee groups. Carrying out statistical analyses with such low numbers was likely to skew the data and would not be a representative sample of partners nationwide. Therefore the analyses of data from the partners were very limited compared to those from the trainees.

Data from exploratory questions collated in the demographic questionnaires such as whether trainees had considered timeout throughout the course, childcare responsibility and the gender of their partners were not used in the analysis as their distributions were very skewed, preventing meaningful interpretations to be drawn.

The results collated from the survey were demonstrative of counselling and clinical trainees nationwide. They suggested fruitful data from trainees from various backgrounds and experiences on the course where the final analyses included 50 trainees from both disciplines in total from a national scale. The survey was originally open to all trainees in clinical and counselling regardless whether they had partners to enable broader comparisons. However, due to low numbers of partners and those not in committed relationships, these data was omitted from the analysis. Table 1 below displays their fit within the overall picture.

**Table 1: Demographic Information.**

|                                       |                    | Gender       | Age<br>Mean (SD)       | Years in<br>relationship<br>Mean (SD) | Number<br>with<br>children | Living arrangement                  |
|---------------------------------------|--------------------|--------------|------------------------|---------------------------------------|----------------------------|-------------------------------------|
| Counselling<br>Psychology<br>Trainees | Trainees<br>(N=25) | F: 20<br>M:5 | 34.16 ( $\pm$<br>8.98) | 6.35 (6.2)                            | 7                          | Cohabiting: 18<br>Not cohabiting: 7 |
|                                       | Partners (N=5)     | F:1<br>M:4   | 33.4 ( $\pm$ 8.2)      |                                       | 1                          |                                     |
| Clinical<br>Psychology<br>Trainees    | Trainees<br>(N=25) | F:20<br>M:5  | 26.96<br>( $\pm$ 2.63) | 2.90 (2.71)                           | 0                          | Cohabiting: 18<br>Not cohabiting: 7 |
|                                       | Partners (N=6)     | F:2<br>M:4   | 25.86<br>( $\pm$ 5.9)  |                                       | 0                          |                                     |

Table 1 presented most of the data included in the statistical analysis. There were equal numbers of counselling and clinical trainees included in the analysis. The overall mean age was higher for counselling trainees than clinical trainees, which could reflect the selection procedures specific to the discipline. There was also a wide age range for counselling trainees than their clinical counterparts, which suggests that participants entering the counselling course at various life stages. Counselling trainees also reported having more children compared to clinical trainees. None of the trainees on the clinical course reported to have children in the survey. There was a significant difference in the number of trainees with children between the two courses ( $X^2(1)=8.14, p=.02$ ). This difference may have partly resulted from clinical trainees' younger ages. The information in the table assumed that counselling trainees enter the course at a later age and are more likely to have children at point of entry. There was significant difference in how long they have been living with their partner between the two groups ( $t(25.24)=2.31, p=.03$ ). Trainees in counselling psychology reported to have been living with their partner for longer (mean: 6.35 years) compared to their counterparts on clinical course (mean: 2.9 years). There were more female than male participants in both disciplines. In total 11 partners completed the survey, similarly with counselling trainees, partners of counselling trainees (33.4) were averagely older than partners of clinical trainees (27.83)

Overall both counselling and clinical trainees similarly reported high stress compared to comparison groups in the literature yet there were high levels of relationship satisfaction and positive dyadic coping (see Table 4). In comparison, counselling trainees score slightly higher than clinical trainees on all of the questionnaires (PSS, RAS, DSI subscales positive, negative dyadic coping and communication of stress) (see Table 2). This could suggest many similarities in trainees' coping skills and relationship satisfaction between the two disciplines. This may reflect the older the age of counselling trainees ( $34.16 (\pm 8.98)$ ) than counselling



trainees (26.96 ( $\pm$  2.63) and the length of relationship (counselling trainees: 6.35 ( $\pm$  6.2), clinical trainees: 2.90 ( $\pm$  2.71). Perhaps counselling trainees have more life experience and with longer relationships have been through more transitional periods to work through and develop coping strategies to stressful events with their partner. However with very little differences in mean scores these interpretations should be taken with caution.

What is interesting however is although the two trainee groups conveyed similar scores on the three questionnaires, the role of their differing ages and years in relationship might play a subtle part in a complex picture. The seemingly similar scores between the two disciplines may have stemmed from different underlying psychological processes.

**Table 2: Mean Scores of the PSS, RAS and DCI Subscales and Comparison Studies****(S.D. reported in brackets)**

|                        | PSS  | RAS  | DCI<br>Positive<br>Coping                    | DCI<br>Negative<br>Coping                    | DCI<br>Communication<br>of stress            |
|------------------------|--|--|--|--|--|
| Counselling<br>(N=25)  | 33.52<br>(±3.73)   | 25.24<br>(2.57)                                | 57.32<br>(8.06)                              | 15.36<br>(4.92)                              | 29.28 (3.52)                                 |
| Clinical<br>(N=25)     | 31.80<br>(3.57)  | 24.64<br>(3.30)                                | 56.12<br>(6.26)                              | 14.36<br>(3.88)                              | 29.2 (4.14)                                  |
| Comparative<br>studies | 28.1<br>(7.4) <sup>a</sup><br><br>16.74<br>(5.99) <sup>b</sup><br><br>18.23<br>(5.52) <sup>c</sup><br><br>27.26 <sup>d</sup> | <br><br><br><br><br><br><br>27.56 <sup>d</sup> | 35.40 <sup>e</sup><br><br>37.00 <sup>f</sup> | 16.35 <sup>e</sup><br><br>15.40 <sup>f</sup> | 24.09 <sup>e</sup><br><br>25.96 <sup>f</sup> |

a: 3 years doctoral pharmaceutical in Frick et al, (2011)

b: medical students in Chilukuri et al (2012)

C: dental students in Chilukuri et al (2012)

d: doctoral students in Kardatzke (2009)

e: patients in Meier et al (2012)

f: normative sample comparison in Meier et al (2012)

The mean scores of the PSS from comparison groups including medical, dental (Chilukuri et al, 2012) and pharmaceutical students (Frick et al, 2011) indicated that clinical and counselling doctoral trainees on average perceived to have increased stress. This may indicate the impact of the course in terms of content and the nature of the issues studied compared to those presented in Table 1. Perhaps the elevated PSS scores reported in the present study were likely the product of a professional psychology course. Interestingly the comparison group of counselling doctoral students in the US (Kardatzke, 2009) showed less perceived stress compared with this study but increased relationship satisfaction; although Kardatzke did not find that perceived stress was a significant predictor of marital satisfaction. Factors affecting this could be that participants in Kardatzke's study were married doctoral students. This study recruited trainees in romantic relationships irrespective of marriage or whether they were living together.

Perhaps longer relationships were suggestive of increased relationship satisfaction and effective dyadic coping. The average years in marriage was 11.61 (SD=8.75) in the current study with potentially longer duration of their relationship assuming they were dating couples prior to marriage. In this study, average years in a relationship was 6.35 (SD=6.2). The average age for counselling doctoral trainees was around 34 years in the present and Kardatzke's studies. Cultural issues may be involved in these differences between UK and US populations based on familial and career goals. On average trainees in this survey reported higher positive dyadic coping compared with Meier et al's (2012) sample of those with heart complications and the normative comparison group and interestingly the levels of negative dyadic coping appeared similar across all the samples. Trainees appeared to be better at communication of stress than those in Meier's samples, which may be a result of the doctoral courses with some focus on relationship functioning and self-awareness (Eun-Hyun, 2012). Compared with Kardatzke's sample of counselling doctoral students in the US,

trainees in this study reported lower relationship satisfaction. Factors impacting this may be that only heterosexual married students were selected in Kardatzke's study with an average of 11.61 years together, as opposed to this more inclusive study with an average of 6.35 years in a committed relationship and even less for clinical trainees (2.90 years).

The differences of age between the two disciplines and the relationship between their perceived stress, relationship satisfaction and coping were interesting. These differences suggested more complex entities beneath the statistics presented. As a result, demographic information such as age, length of relationship and if they had children were entered as covariates to explore differences between the questionnaires.

An analysis of covariance (ANCOVA) test was completed to explore the interaction between the PSS and RAS between the trainee groups. Length of relationship was entered as a covariate and it was found there was no significant effect on their level of perceived stress. Likewise, there was no significant effect of discipline on PSS scores whilst controlling for having children, age and length of relationship (see Table 3). The results indicated that having children, the age of trainees and the length of relationship did not have a significant effect on perceived stress.

**Table 3: ANCOVA examining PSS between disciplines**

| Covariate              | F Value | Degrees of Freedom | P Value ( $p < .05$ ) |
|------------------------|---------|--------------------|-----------------------|
| Age                    | .00     | 1, 47              | .93                   |
| Children               | .80     | 1, 47              | .37                   |
| Length of relationship | 1.15    | 1, 47              | .29                   |

A repeated ANOVA was conducted to explore the relationship between the disciplines and their scores in the subscales of the DCI: positive coping, negative coping and

communication of stress. There was a highly significant difference among the three DCI subscales ( $F(2)=760.68, p<.001$ ) with a good effect size ( $\eta^2=.94$ ). A test of between-subjects effects showed there was no significant main effect of discipline ( $F(1)=.80, p>.05$ ). There was no significant interaction between the DCI subscales and the two disciplines ( $F(1,2)=.15, p>.05$ ), suggesting that regardless of the training, trainees were more likely to use positive coping strategies than negative ones. It may be assumed that this could be the result of the nature of the courses learning about relationships, managing inter- and intrapersonal conflicts compared to other postgraduate courses such as medicine (Hyun, 2009). However, these results should be taken with caution as there are 19 items in the positive coping subscale compared to the 8 items in negative coping and communication and therefore have more selection in that subscale.

A one-way ANCOVA was conducted to examine the difference in positive coping between the two disciplines controlling for the length of their relationship as a covariate. It was found that there was no significant discipline effect ( $F(1)=2.35, p>.05$ ). The length of relationship, however, was significantly related to the positive coping reported by the trainees ( $F(1,47)=8.34, p=.006$ ). It is likely that relationship length had a notable impact on dyadic positive coping. However, a one-way ANCOVA examining the effect of negative coping and communication of stress on discipline whilst controlling for length of relationship yielded non-significant results.

A one-way ANCOVA was conducted to explore the interaction of relationship satisfaction between the two disciplines whilst controlling for age, having children and length of relationship. Each found no significant relationship with the three variables between counselling and clinical trainees indicating that they did not have an effect on relationship satisfaction (see Table 4).

**Table 4: ANCOVA examining RAS between disciplines**

| Covariate              | F Value | Degrees of Freedom | P Value ( $p<.05$ ) |
|------------------------|---------|--------------------|---------------------|
| Age                    | .06     | 1, 47              | .80                 |
| Children               | .00     | 1, 47              | .96                 |
| Length of relationship | .01     | 1, 47              | .92                 |

As the scores in PSS, RAS and DCI were mostly similar between the two trainee groups and there were some influences from the participants' demographic information as covariates, a regression test was conducted to further explore how demographic variables might predict the reported level of relationship satisfaction. The following independent variables were analysed for their effect on the RAS: age, discipline, length of relationship, living arrangement, children, length of cohabiting, the DCI subscales and the PSS. Categorical data such as their discipline and living arrangement was transformed using dummy variables for each in the regression analysis. Initially all variables were entered into the correlation analysis to understand how the variables relate to relationship satisfaction. The results showed that perceived stress did not significantly correlate with the level of satisfaction in their relationship ( $r(41)=-.15, p>.05$ ). However, positive coping and communication of stress moderately correlated with relationship satisfaction ( $r(41)=.32, p=.01$ ;  $r(41)=.47, p=.00$ , respectively), whereas there was a no correlation between negative coping and relationship satisfaction ( $r(41)=-.26, p>.05$ ). Negative coping was moderately correlated with perceived stress suggesting that the more the couples coped negatively together the more likely their perceived stress would increase ( $r(41)=.32, p=.02$ ). This echoed findings in the literature that a dyadic communication of stress within the couple is likely to increase relationship satisfaction (Bodenmann, 2005, Randell & Bodenmann, 2008). A significantly positive correlation was found between cohabiting and relationship

satisfaction in that those living together are more likely to have higher levels of relationship satisfaction ( $r(41) = .30, p = .02$ ) while living apart showed an opposite trend. This coincided with the results reported above that perhaps those in longer relationships report more positive coping and therefore increased relationship satisfaction (see Table 5).

**Table 5: Correlation table**

|   | 2    | 3   | 4       | 5       | 6      | 7       | 8       | 9       | 10     | 11      | 12      | 13     |
|---|------|-----|---------|---------|--------|---------|---------|---------|--------|---------|---------|--------|
| 1 Relationship assessment scale total                               | -0.0 | 0.0 | -0.0    | -0.29** | 0.29*  | -0.10   | -0.18   | 0.10    | -0.15  | 0.32**  | -0.26** | 0.47** |
| 2 Counselling   |      | -1  | 0.38**  | -0.20   | 0.20   | 0.38**  | 0.57    | 0.35**  | 0.21*  | -0.03   | 0.17    | 0.00   |
| 3 Clinical  |      |     | -0.38** | 0.2     | -0.20  | -0.38** | -0.57   | -0.35** | -0.21* | 0.03    | -0.17   | -0.00  |
| 4 What is the length of your relationship with your partner/spouse? |      |     |         | -0.42** | 0.42** | 0.52    | 0.73    | 0.91    | -0.02  | -0.32** | -0.00   | -0.13  |
| 5 Living apart  |      |     |         |         | -1     | -0.17   | -0.34** | -0.44** | 0.09   | 0.05    | -0.25*  | -0.24* |
| 6 Living together   |      |     |         |         |        | 0.17    | 0.34**  | 0.44**  | -0.09  | -0.05   | 0.25*   | 0.24*  |
| 7 How many children do you have?                                    |      |     |         |         |        |         | 0.64    | 0.64    | 0.14   | -0.18   | 0.12    | 0.04   |
| 8 What is your age?   |      |     |         |         |        |         |         | 0.70    | 0.07   | -0.44** | 0.22    | -0.18  |
| 9 How long have you been living together?                           |      |     |         |         |        |         |         |         | -0.05  | -0.28** | -0.11   | -0.04  |
| 10 Perceived stress scale total                                     |      |     |         |         |        |         |         |         |        | -0.19   | 0.32**  | -0.14  |
| 11 Positive Coping  |      |     |         |         |        |         |         |         |        |         | -0.37** | 0.66   |
| 12 Negative coping  |      |     |         |         |        |         |         |         |        |         |         | -0.22  |
| 13 Communication Stress DCI   |      |     |         |         |        |         |         |         |        |         |         |        |

\*:  $p < .05$

\*\* :  $p < .005$

The regression analysis revealed that approximately 41% of the variance was explained in this model ( $R^2=.41$ ). The significant model ( $F(10)2.21$ ,  $p=.04$ ) met with the assumption that there was no colinearity amongst the predicting variables as indicated by the Durbin-Watson score (2.00). However, the generalisability of this model was reduced when applying to a different population as indicated by the adjust  $R^2$  value (22%). The model itself showed a significant effect, however none of the factors adequately predicted the level of relationship satisfaction (see Table 6).

**Table 6: Regression Analysis with all variables**

| Model |   | Standardized Coefficients | t      | Sig. |
|-------|---|---------------------------|--------|------|
|       |   | Beta                      |        |      |
| 1     | (Constant)  |                           | 2.527  | 0.02 |
|       | Clinical  | -0.11                     | -0.604 | 0.55 |
|       | What is the length of your relationship with your partner/spouse? | -0.485                    | -1.315 | 0.20 |
|       | Living together   | 0.217                     | 1.138  | 0.26 |
|       | How many children do you have?                                    | -0.249                    | -1.122 | 0.27 |
|       | What is your age?   | -0.25                     | -0.894 | 0.38 |
|       | How long have you been living together?                           | 0.737                     | 1.723  | 0.10 |
|       | Perceived stress scale total                                      | 0.002                     | 0.012  | 0.99 |
|       | Positive Coping   | -0.04                     | -0.177 | 0.86 |
|       | Negative coping   | -0.102                    | -0.527 | 0.60 |
|       | Communication Stress DCI  | 0.357                     | 1.769  | 0.09 |

\*:  $p<.05$

\*\* :  $p<.005$



A backward regression model was then conducted where the variable with the smallest contribution was eliminated one at a time to explore the overall data. Due to the similarity of the scores between the disciplines it was decided that this method would be advantageous to other methods because it is possible for a set of variables to have considerable predictive capability even though any subset of them does not. Starting with everything in the model, their joint capability will be identified and eliminated with the least effective variable.

Considering that the  $R^2$  were very similar across different models (see Appendix H), strength of some variables became more apparent when others were removed from the analysis. The last model explained 37% of the variance ( $R^2=.37$ , adjusted  $R^2=.30$ ). At each step with the variables being eliminated increased the level of variance in generalising to the population. The significant model ( $F(4)=5.57$ ,  $p=.00$ ) met with the assumption that there was no colinearity amongst the predicting variables as indicated by the Durbin-Watson score (2.24).

The final Model (7) seemed to only have factors that were related to the core of the relationship such as length of living together and number of children whereas individual factors such as age or discipline were eliminated from analysis in the process. The length of time they live together was the strongest predictor ( $\beta=.91$ ,  $p=.01$ ) of their relationship satisfaction when combined with the way they communicated stress within the couple ( $\beta=.45$ ,  $p=.00$ ) and the number of children they have. The number of children had a negative effect on their relationship satisfaction ( $\beta=-.40$ ,  $p=-.02$ ) (see Table 7).

**Table 7: Values for the most significant regression analysis**

| Model 7                        | Beta | t-value | p-value |
|--------------------------------|------|---------|---------|
| Constant                       |      | 4.97**  | .000    |
| Length of relationship         | -.59 | -1.87   | .07     |
| Number of children             | -.39 | -2.3*   | .03*    |
| Length of cohabiting           | .91  | 2.63*   | .01*    |
| Communication of Stress in DCI | .45  | 3.4*    | .00*    |

\*:  $p < .05$

## **2.4 Discussion**

The results suggested that on the surface, clinical and counselling trainees were similar in their levels of stress, relationship satisfaction and dyadic coping. This was suggestive of the literature, which focuses on the similarities between the disciplines (Bedi, Klubben and Baker, 2012). However, further exploration of the data suggested that more complex processes may be occurring beneath these results.

Although both groups reported similar levels of perceived stress and relationship satisfaction, it was interesting to note the mean ages of clinical trainees were much lower than counselling trainees. This suggested that counselling trainees were more likely to be in long-term relationships and have families and were perhaps classed as ‘non-traditional’ students in comparison (Haynes- Burton, 2008; Lasode & Awote, 2014). This could have an impact on their experiences of stress in managing their lifestyles around the course. Although with a younger average age, clinical trainees reported just as much stress as counselling trainees. What was clear is that there were multidimensional factors that resulted in this picture and it would be interesting to gain perspective within the disciplines regarding what factors are causing increased stress.

Research into perceived stress of medical and pharmaceutical students on average perceived less stress. Around one third of pharmacy students were under 25 similar to clinical trainees in the current study and one third were reported to be between 26-30 that presents a similar picture to counselling trainees (Frick et al, 2011). With a larger age range within the counselling course, it was interesting to note what makes the clinical and counselling trainee programmes more stressful by comparison to Frick et al's study. It is known that those in the counselling-related professions are more likely to be vulnerable to stress and burnout than other professions which may allude to the higher stress in the current study compared to other courses and such stress may be more likely to spill-over into the couple relationship (Cushway & Tyler, 1996; Bodenmann, 2005; Kumary & Baker, 2008). The training programmes spanned from three years suggesting an intense period of high stress for trainees over the course, which can open doors towards how trainees and partners can be supported through this time. However, it was unclear how the processes underline these differences as medical trainees whose training was much longer and work in shifts in stressful environment conveyed lower perceived stress. One explanation may be that some couples were more vulnerable to stress due to inadequate problem solving strategies (Cohan & Bradbury, 1997) and reacted differently to others. However, with the large difference in stress levels in the current study, this suggests something more might be at play. The comparison group of counselling trainees in the US suggests less perceived stress and higher relationship satisfaction. This may be a result of the sample of married students whereas this study selected all romantic relationships.

As research suggests having children increases role strain and stress on the couple where shared responsibility of childcare and household roles tended to shift when the trainee was on the course (Hayes et al, 2012). This was evident from the regression analysis where the number of children, and perhaps their ages, had a negative effect on relationship

satisfaction suggesting increased demands on the family where the trainee may be focusing on course demands. Interestingly, clinical trainees did not report having children however, still appeared to be as stressed as counselling trainees. This notion requires further consideration.

The notion of time is not a straightforward factor in a couple's dynamics. At each stage of their time together, there were different challenges and facilitators. There may have been a 'critical' mass needed in the relationship so the longer they are together, the better they learned to cope with stress as a couple and the more likely they had children together. Having children brought along a different set of challenges and protective factors. Coping strategies between the partners evolved according to the challenges faced at the time. This was evidenced in the regression analysis suggesting that length of time cohabiting enables couples to spend time developing dyadic coping strategies and better their communication compared to those with less time living together. Cohabiting was a significant predictor in relationship satisfaction suggesting that those not cohabiting may struggle more to develop positive dyadic coping strategies and are more out of sync than those living together.

The regression analysis revealed that communication of stress and length of cohabiting predicts relationship satisfaction rather than the set up of the training course per se. The results of the model would suggest training courses to offer training to perspective trainees to ensure they have support around communication of stresses in the relationship to maintain their relationship in the midst of the course. This was demonstrative in the literature where communication played a significant role in relationship satisfaction on behalf of both partners, which was a vital component when faced with the stressful context of the training programme (Meeks, Hendrick & Hendrick, 1998; Troy, 2000). There may be subtle influences from the chosen discipline on the trainees in terms of their level of perceived stress and how they developed dyadic coping strategies with their partner. More inherent

influences from the trainees' background such as their age and related experiences in a committed relationship are yet to be fully explored. What was unclear was the actual process the trainees used to cope and how they worked together with the partners to increase relationship satisfaction.

As the survey was online for 12 months, the responses for the participants were a product of the time. For example participants may have completed the survey at a stressful time on the course or have had personal difficulties, therefore their results may reflect in high scores in the questionnaires such as the PSS. On the other hand, participants may have completed the study where other commitments were not as demanding and therefore may result in differing scores on the questionnaires. If the same participants were requested to complete the questionnaires another time, their scores would have likely to change depending on their differing circumstances. Consequently it is important to handle these results with care. Although with data collection spanning over a long period of time, it may prevent skewed data to a particular direction influenced by confounding factors mentioned above.

This study provided a complex picture into the perceived stress, dyadic coping and relationship satisfaction compared with other studies into clinical and counselling doctoral trainees. This study explored whether the set up of the clinical and doctoral courses may impact on the trainees' stress level and ability to cope as a couple. This study portrayed that there were slight differences between clinical and counselling trainees in stress and coping and not resulting from the courses per se. The length of cohabiting was the strongest predictor of higher relationship satisfaction, followed by more communication of stress with their partner. Having more children predicted reduced level of relationship stratification therefore suggesting factors more pertaining to individual differences do not seem to affect relationship satisfaction compared to these factors that are more about couple dynamic.

## **Future Research**

Considering the success rate in the number of participants from clinical and counselling Trainees, this research offered an insight into the levels of stress, coping and relationship satisfaction of those in training programmes. However, it also highlighted the complexities beneath the data in that although many similarities were illuminated, there could be more complex factors at work resulting in their ability to cope. Therefore a qualitative method can look to examine the complexities of how trainees and partners develop through this transition.

The findings from this study provided implications for support for couples experiencing the training programme, which has undoubtedly been noted as a stressful time. Support for couples may work to increase communication skills within the relationship to increase understanding of the external stressors spilling into their relationship. Support may take a number of avenues such as couples counselling, support from the course and raising awareness regarding factors in relationship breakdown, which shall be discussed further later.

Unfortunately due to the lack of partner responses, formal analysis on the data collated was not viable. The research was unable to understand at length the impact of the programme on their levels of stress, ability to cope and relationship satisfaction. Therefore future research could have partners as a primary focus in understanding their position within this complex dynamic.

A quantitative approach has provided an insight into the impact of clinical and counselling trainee programmes on levels of stress, coping and relationship satisfaction. As established, the initial analysis highlights similarities between the disciplines based on their levels of stress and communication impact on relationship satisfaction. In depth analysis would support these ideas in looking to uncover what processes are occurring within the

groups and how they are played out within the couple unit. It would be interesting to understand the higher levels of stress reported in this study in relationship to comparison studies and what factors are associated with the higher stress levels such as type of discipline and course structure.

Therefore, this study continued this process by conducting a Grounded Theory Analysis of trainees and their partners' journey through the programme exploring the processes of stress and coping.

## **Chapter 3: Grounded Theory**

### **3.1 Grounded Theory Emergence**

First developed by Glaser and Strauss (1967) through their research programme on dying in hospitals, they produced a method that systematically generated a substantive theory grounded in empirical data (Heath & Cowley, 2004; Walker & Myrick, 2006). Grounded Theory began to adopt the strengths in quantitative methods and integrate into qualitative approaches. It reached a harmony between the depth and vigour in interpretative qualitative approaches with the logic and systematic analysis found in quantitative research (Dey, 1999; Charmaz, 2000; Walker & Myrick, 2006). This method is widely used to create understanding of social phenomena exploring individual's experiences and how they interpret situations they are faced with. It was deemed important for researchers using this methodology should avoid making assumptions or predetermine what they might find (Engward, 2013).

Grounded Theory challenged the status quo of collecting data in logico-deductive fashions in seeking out evidence to verify existing theories. Instead, Grounded Theory researchers set out to gather data and systematically develop a theory which is derived from the data (Walker & Myrick, 2006). Grounded Theory promotes robust theory generation that is informed by the data itself as opposed to using data to test and verify existing theories. The emergence of theories is at the centre as opposed to the verification of existing theories, this method is useful for phenomena where there is minimal research. It focuses to uncover social patterns of individuals in social contexts which they may or may not be aware of.

Glaser and Strauss (1967) developed the method combining two data analysis processes where the first being the researcher codes all data and analyses the codes systematically to verify a proposal. The second process involves the researcher inspecting the



data for categories and uses memos to follow analysis developing into theoretical ideas. Later Glaser and Strauss argued that neither of these approaches was able to capture theory generation directly from the data. In turn, they postulated the combination of the two approaches of constant comparison of the data through explicit coding and inspecting the data to develop theoretical ideas via memos and building categories (Walker & Myrick, 2006).

Later the two researchers developed a split in their interpretations of Grounded Theory analysis. Glaser's notions of Grounded Theory remained positivist and maintained that the role of the researcher to be an unbiased observer, reduced to an ultimate truth and who records facts. These positivist views compliment early research which assumes that human behaviour is determined by external stimuli (Engward, 2013).

On the contrary, Strauss and Corbin (1998) and more recently Charmaz, (2006) argued against the neutrality of the researcher and claim that as individuals we hold values, make assumptions about what is real and hold a collection of knowledge and social statuses. They encourage bringing in the researcher's disciplinary perspective, philosophies, values and beliefs and the symbolic meanings that people attach to social interactions (McCann & Clark, 2004; Engward, 2013). Charmaz (2006) describes the methodology as an *interpreted* portrayal of the studied world as opposed to an exact representation of it. The influence of the researcher is embraced and is encouraged to become a part of the world they explore being simultaneously objective and subjective (McCann & Clark, 2004; Charmaz, 2006).

Consequently, this balance the researcher is expected to achieve can be difficult where they are expected to maintain a degree of 'detached closeness' (Christensen, 1993; McCann & Clark, 2004). A tension arises when researchers are expected to remain objective whilst collecting data. However, to gain 'rich' data they are required to be accepted by participants. Strauss and Corbin (1990) developed alterations to Grounded Theory and

introduced new terminology and a more vigorous coding procedure to create a more measurable Grounded Theory.

Glaser (1992) argued that the nature of their new approach forced the data analysis to fit in to the coding process going against the purpose of Grounded Theory where the theory is grounded in the data (Engward, 2013). The Glaser and Strauss (1967) version proposed the objective role of the researcher and displaying disciplinary restraint where neutral questions were used to gather data (Engward, 2013).

Strauss and Corbin's (1990) approach to Grounded Theory differs in regards to where structured questions and the researcher's interpretations of the data and theory are valued. The researcher takes an active role, there are three phases of coding that are described: open coding involves word by word coding where phenomena are described, named and categorised; axial coding then relates codes to one another beginning the comparative process; selective coding involves choosing categories and relating to others (Charmaz, 2006; Walker & Myrick, 2006; Engward, 2013). This eventually led towards the split between the original cofounders towards two diverse explanations of how Grounded Theory may be executed. Grounded Theory methods are seen as less of the prescriptive nature and merely a guide that promotes flexibility (Charmaz, 2006).

Grounded theory methods aim to see research in fresh ways exploring ideas around the data through early analytic writing. Using these methods can researchers direct, manage and streamline their data and begin to construct an original analysis of their data. Although known to be a systematic approach to data collection, Grounded Theory methods offer flexible guidelines for collecting and analysing data to ensure that the theories constructed are in fact grounded in the original data (Charmaz, 2006).

However Grounded Theory methods have received ambivalent views as a method in its own right. Although researchers are able to apply both inductive and deductive thinking to the data, it still remains a qualitatively based method (McCann & Clark, 2004). This method was developed to argue the notions that qualitative research is unscientific and lacking in rigour (Smith & Biley, 1997). Earlier forms of this methodology claimed that researchers are to remain objective in data collection and analysis with an absence of preconceived ideas (Glaser, 1967; 1978). The emerging data is seen as separate from the scientific observer from a neutral positioning (Glaser, 1978; Charmaz, 2006).

The uses of Grounded Theory methodologies are prone to misinterpretations (Charmaz, 1990). It is easily assumed a qualitative method and not a general methodology as it not necessarily always subject to 'qualitative' guidelines such as having very detailed descriptions of each participant (Brekenridge & Jones, 2009). It is important to be aware of the impact of each participant's socio-demographic characteristic and not to automatically assume its relevance to the emerging theory. Understanding participants' backgrounds can act as a starting point towards data collection to prevent the researcher being contradicted by analytic flow and progression of the emerging theory (Brekenridge & Jones, 2009). The continuation of data collection and simultaneous analysis informs the researcher to further areas of focus to build and define categories with solid foundations within the data. Theoretical sampling enables the researcher to redefine and tailor the data collection towards these categories (Charmaz, 2006). The analysis of each data collection process defines its importance in allowing the researcher to shift focus at the earliest point. However, the recruitment of participants from purposeful or selective sampling is argued to lack conceptual depth (Benoliel, 1996). Other forms of qualitative methodologies analyse data at the completion of data collection as a linear method which may result in descriptive data lacking

a rich exploration of each category (Becker, 1993). The constant comparative method of Grounded Theory allows for further exploration in subsequent data collections.

Reaching theoretical saturation enables emerging categories and themes to evolve and reach saturation where the theory can have a strong grounding in the data (Charmaz, 2006). Purposeful sampling alone will lack saturation and yield thin and undefined categories in need of further exploration to refine and focus impending data collection.

Charmaz (2006) took this further and developed a Constructivist Grounded Theory which asserts the importance in the nature of the relationship between the researcher and participants (Charmaz, 2006; Barnett, 2012). This approach challenges earlier forms of Grounded Theory and holds the position as epistemologically subjective and relativist, meaning that analyses are derived at through interpretative understandings of reality and not objective observations (Charmaz, 2006; Barnett, 2012). The researcher holds a reflexive and relativist stance and offers their interpretations of the data presented where meaning is constructed. This version is an interactive process developing on the epistemological and ontological structures of social constructivism. It alludes to the meanings that are co-constructed together with participants through the interactive processes of interviews and communication. It is argued that through this process is where the theory emerges (Fassinger, 2005; Charmaz, 2006; Barnett, 2012).

Grounded Theory goes beyond other qualitative methodologies such as Interpretative Phenomenological Analysis (IPA) where researchers aim to understand how participants make sense of their social worlds (Smith & Osborn, 2003). Although IPA heralds similarities to Grounded Theory in the essence of interpreting participant's meanings of social phenomena, Grounded Theory takes a step further. Through the researcher's reflective and reflexive processes, a new theory begins to emerge from the data that is co-constructed and

according to Charmaz (2009) *'By locating participants' meanings and actions in this way, we show the connection between micro and macro levels of analysis, and thus link the subjective and the social'* (p. 131) (Barnett, 2012).

Charmaz's (2006) approach to Grounded Theory was therefore used to analyse data for this study. According to counselling psychology the relational aspect of therapy and interactions hold a large place in its ethos. Therefore this research valued the notions of Charmaz in being a part of the data collection process as opposed to being a medium to merely collect data. The researcher's values and attitudes were considered and understood whilst maintaining genuine curiosity and acceptance of the data and the process of analysis. The researcher, taking on a constructivist approach was involved in interactions through actively engaging with participants in interviews, taking on a reflexive role in responding to emergent concepts and pursuing analytic hunches (Charmaz, 2006; Barnett, 2012). As Charmaz (2006) states *'...we are part of the world we study and the data we collect. We construct our grounded theories through our past and present involvements and interactions with people, perspectives and research practices'* (p 10). This emphasises the interpretative nature and close involvement of the researcher in developing a theory.

The constructivist approach emphasises the use of reflection to explore the researcher's influence and interpretation of participant's experiences. The approach lends itself towards counselling psychology ethos where as reflective and scientific practitioners the focus remains on client-centred and holistic methods of understanding and interpreting clients. Counselling psychology philosophy strongly encourages balanced relationships and the acceptance and appreciation of individuals as unique (Cooper, 2009).

Therefore this study aimed to bring together the counselling psychology ethos with its use in constructionist Grounded Theory in developing theory that has emerged from an in-

depth analysis of data. The Grounded Theory study aimed to explore the experiences and processes of stress and coping of counselling psychology trainees and their partners as they journeyed through the counselling psychology doctorate programme.

### **3.2 Methodology**

#### **Recruitment of Participants**

Participants were invited to take part in the study via the same channels as the survey study and were invited to discuss requirements and location of the interviews. Due to the lack of response from clinical psychology trainees for interviews in the time available, the decision was made to recruit participants for interviews from counselling psychology trainees and their partners. Although this reduced the ability to gain a comparison between the two professions, this study was able to remain focussed on counselling trainees and their partner's detailed interpretations of their experiences of being part of the training. Considering the novelty of this research area it is important to encapsulate detailed and focussed data to assist in forming a theory that perhaps at this stage is more vital than expanding the exploration further afield.

#### **Participant Characteristics**

The table below gives details of the 14 participants, 8 trainees and 6 partners of trainees who took part in the interview.

**Table 8: Participant Characteristics**

| Counselling Trainee | Gender    |         | Cohabiting |       | Children           | Year of training | Age |
|---------------------|-----------|---------|------------|-------|--------------------|------------------|-----|
| 1                   | Female    |         | Yes        |       | 0                  | 2                | 32  |
| 2                   | Female    |         | Yes        |       | 0                  | 2                | 23  |
| 3                   | Female    |         | No         |       | 0                  | 2                | 28  |
| 4                   | Female    |         | Yes        |       | 2                  | 1                | 44  |
| 5                   | Female    |         | No         |       | 0                  | 2                | 27  |
| 6                   | Female    |         | Yes        |       | Pregnant           | 2                | 33  |
| 7                   | Male      |         | Yes        |       | 0 Partner pregnant | 3                | 28  |
| 8                   | female    |         | Yes        |       | 2                  | 1                | 29  |
| Partner             |           |         |            |       |                    |                  |     |
| 1                   | Male      |         | Yes        |       | 0                  | 2                | 37  |
| 2                   | Male      |         | Yes        |       | 2                  | 1                | 45  |
| 3                   | Male      |         | No         |       | 0                  | 2                | 29  |
| 4                   | Male      |         | Yes        |       | Partner Pregnant   | 1                | 33  |
| 5                   | Male      |         | No         |       | 0                  | 2                | 25  |
| 6                   | Female    |         | Yes        |       | Pregnant           | 3                | 24  |
| Total               |           |         |            |       |                    |                  |     |
| 14                  | Female: 8 | Male: 6 | Yes: 10    | No: 4 |                    |                  |     |

## **Procedure**

Participants were invited to take part in the research including a survey and interview and asked to forward to their partners. Participants were asked to make contact with the researcher for further details and arrangements of interviews. They were provided with an information sheet and consent form detailing their participation in the study and their rights to withdraw (see Appendix I). Participants were informed that any identifying information would be removed or replaced by pseudonyms. Interviews were digitally recorded and confidentially stored on a password protected computer. Interview locations took place where participants felt comfortable which encouraged a good relationship between researcher and participant.

The study was able to recruit participants from all over the UK which indicates a good representative of a range of populations. Most interviews took place face-to-face and some took place over telephone due to impracticalities of location and timing. The interviews via telephone enabled access to participants from further afield and a theory evolved from more varied experiences from a wider geographical range. This was of importance to the researcher as they valued the significance of having a wide sample, taking into account experiences of trainees and partners from a range of programmes based in the UK. Email correspondences enabled the researcher and participants to establish a good rapport prior to telephone interviews.

Face-to face interviews enabled the researcher to become aware of subtle nuances in participants' facial expressions and body language that telephone interviews would not achieve. However participants in face-to-face interviews may have experienced researcher bias or felt that this setting, with a fellow trainee researcher may have impacted their ability to be forthcoming with their experiences in the fear of being judged. Telephone interviews



however were able to provide a safe distance for participants to be forthcoming with their experiences; however the lack of visual cues in interaction over the phone might result in lacking empathy. The researcher used verbal affirmations to indicate their interest in their experiences on the phone. Additional probes or questions were asked over the phone to gain clarity.

Some couples were recruited for the study however; interviews took place separately to provide a safe and open environment for the individuals to freely express their true experiences. The interviews lasted between one to two hours where they took place in a range of settings including their homes or hired rooms in the university. A lone-worker procedure was in place where the researcher would contact a named person before and after the interviews and if they did not hear from the researcher within a given timeframe, they were instructed to call the researcher. Participants were given the email addresses of the researcher and the researcher's supervisor for additional support if needed post interviews.

An initial semi-structured interview schedule was used for trainees and partners to guide the interview process (see Appendix J) which was modified throughout the data collection process as the emerging theoretical story began to develop. The modification process of interview questions aided theoretical sampling and assisted the researcher in reaching a saturation point to ensure that common themes had been sufficiently explored until no new concepts formed.

### **Trustworthiness**

Trustworthiness of the Grounded Theory study aimed to demonstrate the experiences of the participants were accurately represented through the realms of credibility, transferability, dependability and confirmability (Lincoln and Guba, 1985).

The credibility of the data explored the confidence in the truth of the interpretations which was ensured through member-checking throughout the interview process. The researcher interpreted and summarised interpretations within and between interviews to clarify concepts drawn from their responses. The constant comparison process of data and the parallel process of data collection and analysis, enabled the researcher to cross-check data between and within participants. Triangulation was also achieved through inviting participants nationally from the UK and widening the scope to include the exploration of partners' experiences. As the researcher was a fellow counselling psychology trainee, a period of 'prolonged engagement' enabled the researcher to understand the context and culture of the training programme and begin to build rapport with fellow trainees. However the researcher also regularly reviewed interpretations and the research process with their supervisor.

Transferability explored how findings would be applied to differing contexts. This was achieved via the researcher presenting at research conferences at the University of Wolverhampton gaining feedback from individuals from a variety of backgrounds. The analytic process, including audit trails of interviews were presented to enable the reader to follow a process.

The dependability of the research explored the appropriateness of the method used which was achieved through following the guidelines of Charmaz's Constructionist Grounded Theory. The use of memos and a research journal was completed throughout the process and discussed with the supervisor, which in turn, supported the researcher in remaining close to the interpretations of the data.

The confirmability of the research aimed to provide a degree of neutrality through remaining close to the participants' interpretations. This was explored through the use of reflexivity where the researcher was able to explore biases and insights using the supervisory

meetings to maintain a 'detached closeness'. The selective sampling process enabled the researcher to triangulate findings and maintain a constant comparative approach to clarify interpretations.

### **Analytic Strategy**

The interview data was collected, transcribed and analysed using Charmaz's (2006) constructionist version of Grounded Theory (see Appendix K). This approach to Grounded Theory allowed for flexibility in the theory development process where the researcher remains close to the data in constructing the meaning of participants' experiences.

The data was initially coded line by line to go beyond the 'concrete statements' towards analytic interpretations, which began to shape the framework for analysis. Coding categorised segments of data by providing short labels that summarised and accounted for the data and began to make analytic interpretations by sorting and separating data the segments (Charmaz, 2006). Line by line coding enabled the researcher to remain close to the original data and exploring the nuances of implicit concerns as well as the explicit statements. The data was seen in a new light and presented a distance from the researcher's presumptions (Charmaz, 2006).

Subsequently, the data was labelled incident to incident in relation to the significance of their content. In-vivo codes were also used, which refer to participants' 'special terms' that aimed to preserve their views and were the symbolic markers for their meanings (Charmaz, 2006). For example, "*a necessary evil*" (Counselling Trainee 4: 196) was used to describe the difficult impact of the course at present in the hope to lead to long term benefits for the family in the future.

Analysis then progressed to focused coding whereby the most frequent and significant earlier codes used filtered large amounts of data. These codes synthesised the larger chunks of data whilst being informed by earlier coding ensuring its grounding within the original data (Charmaz, 2003; 2006). This shaped a constant comparative approach towards codes within and between participants and these codes were kept in mind throughout the data collection and analysis process. Comparisons were made between interviews of participant's experiences, actions and interpretations and new concepts began emerging that directed new lines of analysis. For example *"...and then I just feel really guilty about not being there in the week, so, I think it's, t, a little bit of a strain on our relationship..."* (Counselling Trainee 8: 43) was placed in the category 'guilt'. This was compared with other interviews where guilt was experienced until there was saturation where no new concepts emerged.

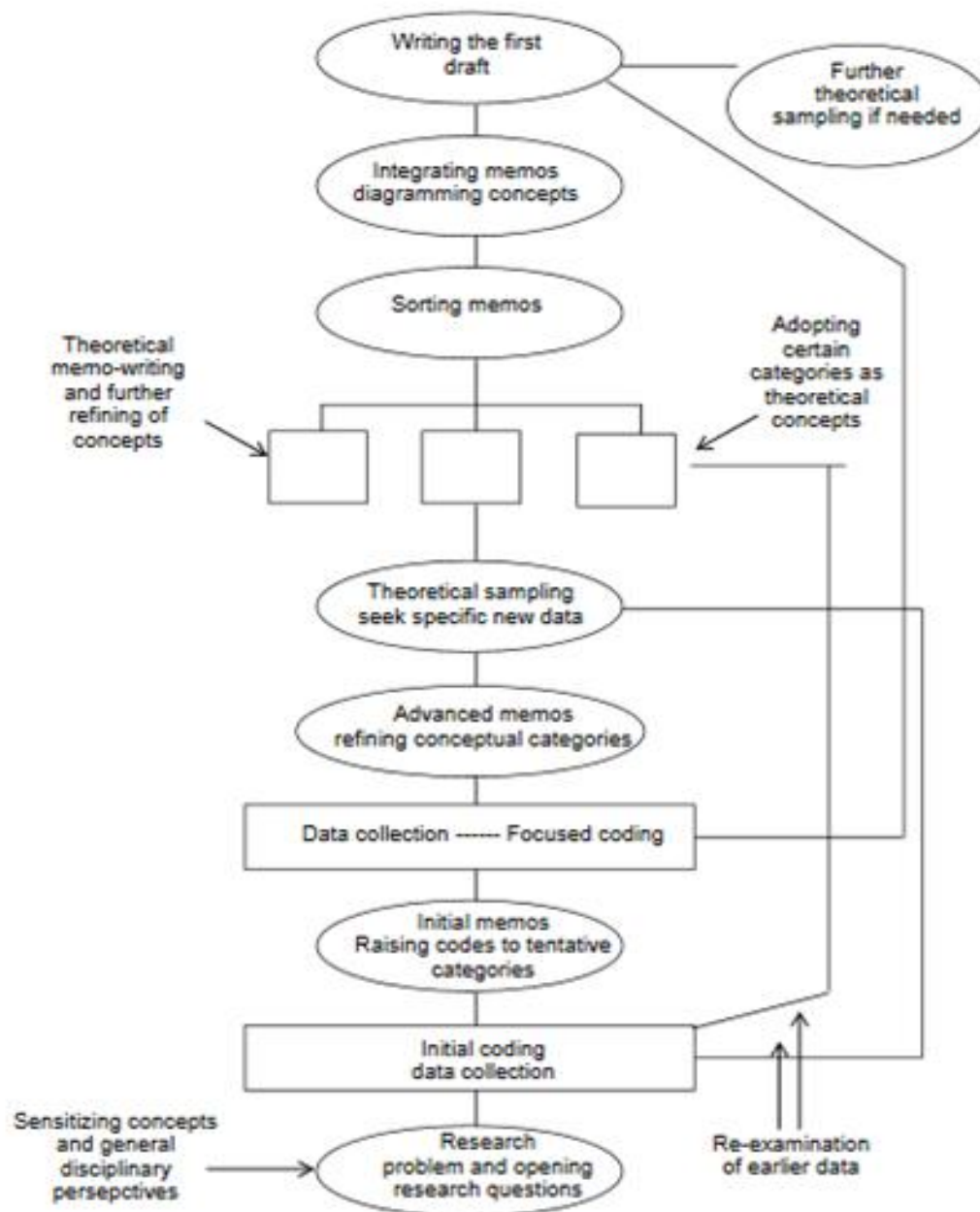
Initially, recruitment of participants was based on purposive sampling. However, within the guidelines of Grounded Theory Methodology; theoretical sampling was adopted once the data collection has begun. Purposive sampling was used to begin the recruitment process and explore participant's experiences and highlight potential leads or interests which further interviews could explore through constant comparison. Initial inclusion criteria included clinical and counselling trainees at any point in the course who were in an intimate relationship and partners of trainees. Once participants were recruited, the researcher explored their backgrounds and built rapport. This enabled the researcher to develop a bank of participants and then work towards theoretical sampling to pick up themes from previous interviews to explore in the subsequent interviews.

Theoretical sampling is a critical element of grounded theory (Becker, 1993; Webb, 2003; Elliott & Lazenbatt, 2004) which focuses on a constant comparative process of collecting and analysing data. The researcher continually reviewed the data checking whether the newly developed categories from previously collected data remained constant. The

researcher specifically checked these emerging categories in the newly collected data which guided the questions in subsequent interviews which were modified to explore newly developed themes. Constant reviewing ensured that the data was not being forced into the already developed categories (Elliott & Lazenbatt, 2004). For example, partners with children were intentionally recruited to check themes in the category *stressors and sacrifices* comparing to trainee's experiences of having children. Issues raised in views regarding personal therapy were reviewed and subsequent interview schedules were modified to explore this notion further to clarify themes.

Analysis continued to theoretical coding where earlier codes were examined and related to one another to begin to integrate into a theory. Relationships began to form between the categories via focussed coding and began to 'weave the fractured story back together' (Glaser, 1978: 72) achieving coherence and theoretical direction. Theoretical coding was implemented over Strauss and Corbin's suggested axial coding that infers converting the text into concepts.

The use of memoing was adopted which is viewed as the core activity of Grounded Theory (Elliott & Lazenbatt, 2004; Glaser 1998; 1978). The researcher, throughout the data collection and analysis process wrote down ideas that arose. They also developed conceptual notions of making sense of the data and began to invite and emerging theory for theoretical sampling to direct the course of data collection. It was also used to develop a track record of the analytic process which acted as the building blocks to forming new theories that were grounded in the data towards reaching a level of theoretical saturation (Elliott & Lazenbatt, 2004). Figure 1 below depicts the process of analysis from initial coding towards category development and theory generation.

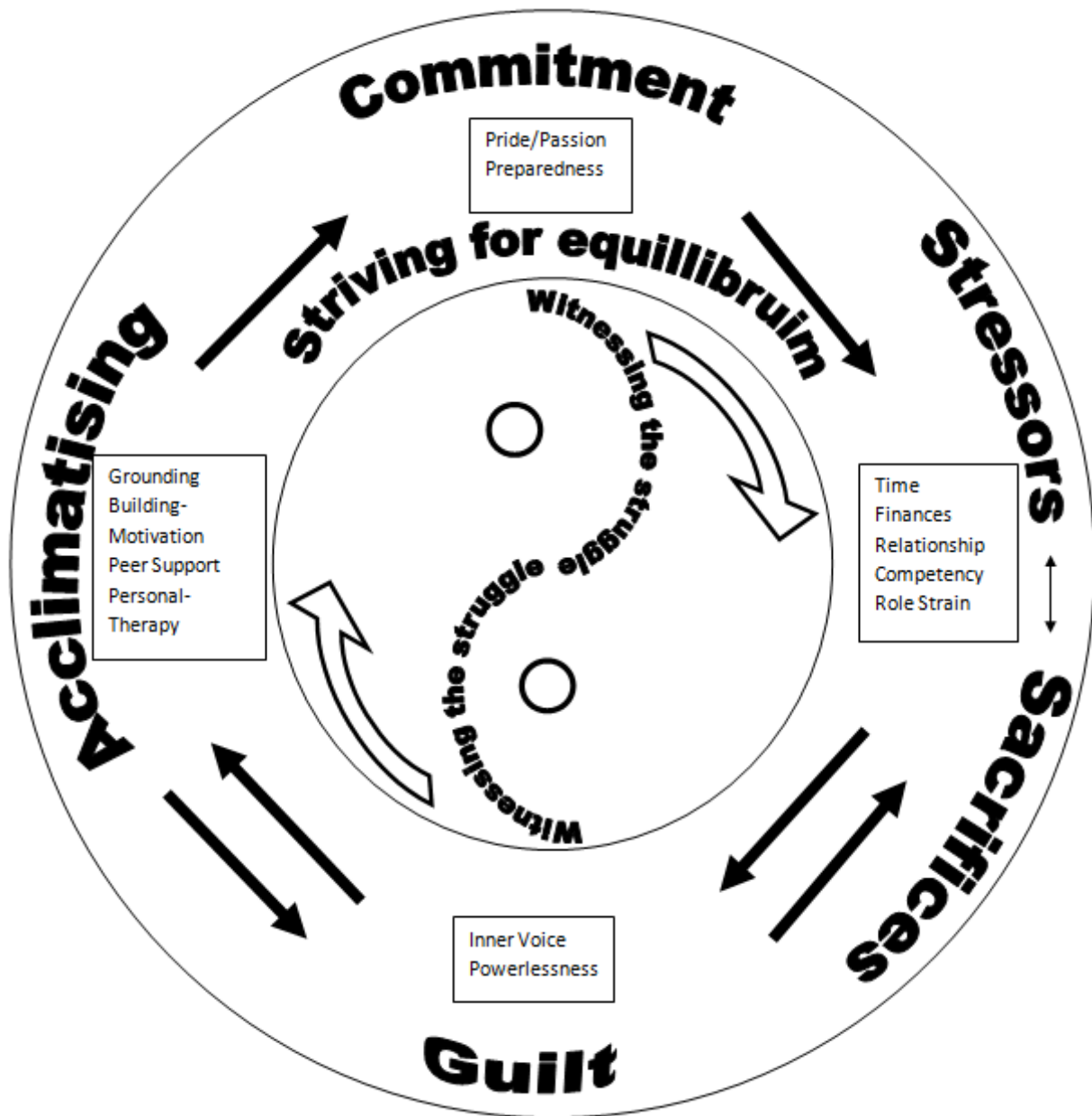


**Figure 1: The constructivist grounded theory process (Charmaz, 2006: p. 11)**

The model above provides the journey of analysis that was used to interpret and develop the theoretical model taken from the constructivist grounded theory approach.

### **3.3 Analysis and Discussion**

This section presents the analysis of experiences of the stresses and coping of trainee counselling psychologists and their partners. Figure 1 identifies the central story line of 'Striving for Equilibrium' which referred to the core processes of participants as they aimed to achieve a balance in meeting their own needs and that of their relationship. The model also depicted the categories and subcategories that emerged through early analysis. Thereafter a detailed explanation of each of the elements using direct illustrations from the original data shall be used to highlight meanings behind the labels. Consequently the storyline and theoretical model shall be discussed using a model to depict the emerging theory and how each of the categories relates towards one another. Finally an interpretation of the theoretical model within the storyline shall be discussed.



**Figure 2: A Journey Towards the Light at the end of the Tunnel**

**Explanation of the categories and subcategories**

The model above depicts the categories and sub-categories of the developing theory of trainees and their partners' experiences of the doctoral training on their relationship. The core category of *striving for equilibrium* encapsulates the social processes participants' experiences whilst aiming to meet their individual needs and that of their relationship. There



were four main categories each with a number of sub-categories that provide an understanding of the participants' experiences.

### **Commitment**

The first category that began the story is commitment which highlighted both the trainee's and partner's experience of the training process and where this could take them. All participants expressed their commitment to the course through their career aspirations and the partners' commitment to support the trainees on their journey. This category encapsulated the pride, passion and determination of the participants to be a part of the process.

Trainees explored what it meant for them to be on the course conveying ambition and *determination* as a journey to their aspired career goal.

*... (2) erm (3) you know it was like (2) this is my dream you know do that and err I moved err I moved (.) from [REDACTED] (.) err to the UK (.) to be able to study this course because my home there was err, there was no option of doing err any such training, err so it was really very, it's very important for me –Trainee 3 (17-19).*

The above quote illustrates the *passion* and *commitment* to the course assuming that this was a well thought-out decision and investment for the trainee to make. It appears that trainees were driven to succeed on the course in the hope to lead to better career options.

*"...oh it will just be amazing, it will be amazing because (.) obviously it's done and, and I'm qualified finally after you know all these err (.) I don't know where are we errr, like 13/14 years, since I've got here so (.) it's gonna be, like for me personally it's gonna be, like just amazing, erm and then obviously what comes with that is, the fact that, I can then go and get a job as a psychologist and then I can, earn more money and, I think the financial, side of it will bring at the end, it gonna make it (2) erm, it's gonna make it, yea a lot easier and a lot better, so I think (.) I think we know that and I think we know that it's gonna be a bumpy ride and we just gotta get*

*through the best we can and, so at the end we can, both get the rewards again" –*  
Trainee 8 (48-55).

This trainee explored the prospect of finishing the course and being in a position to qualify. This was similar for most trainees, the sense of achievement and *pride* when the course is completed however, still recognising the difficulties that lie ahead. The anticipation of finishing the course opened a window to a world trainees would eventually join; a career in a field they love including financial gains. The quote illustrates the anticipation of the journey being difficult which perhaps prepared trainees for the struggles ahead. However it was perceived that the depth of their commitment to the course and the potential fruits at the end reinforced a drive within to continue and endure the struggles.

Commitment of the trainees towards the course was an indicator of their happiness and goal-driven attitude. However, a factor within this was the commitment of the partners towards the course and in supporting the trainee.

### **Pride/ Passion**

Pride was a major factor within the couples which reinforced the trainee's commitment towards the course. Trainees experienced pride and achievement in being accepted onto the course, which for some was a long awaited journey. Many of the trainees experienced a sense of pride when getting onto the course as for some it meant it was a beginning to the end of their journey.

*R-hmm mm, and, for you, what does it mean for you to be on the course?*

*C-well it means a lot, because erm (.) I started studying psychology erm, quite a few years back when I was 18, so erm so over 15 years ago, so erm it means a lot, because I see this, as the end of my journey if you know what I mean erm I made all these sacrifices erm to be here and erm, this is kind of like the end of (.) what I wanted to do*

*R- so it sounds like, perhaps this course is er the beginning, er of your career perhaps?*

*C- yea, yea, and the end of my time in study and you know moving forward in to the business (.) yea - Trainee 6 (4-10).*

Here the trainee explored how much being on the course meant to her and the journey she had embarked on to get to this position. The course was portrayed as the pinnacle of her journey and a means to an end leading onto opportunities in career progression. The researcher interpreted this as finally reaching a point to round off years of studying and could sense pride in the trainee's current state.

Pride not only was a concept experienced by trainees, their partners also mentioned elements of pride for the trainees to be on the course and reaching a high point in their education. It could be assumed that they too shared this experience with their partner which was a shared experience for the couple unit. Partners, particularly those who were in longer term relationships with the trainees experienced part of the journey from another perspective. They observed their partners' academic journeys and also shared some of those experiences. Some partners also discussed their difficulties as spectators, which shall be discussed later, and how coming towards the end of an academic journey released pride within partners too.

*"I'm also very happy for her and it means a lot to me, because it means a lot to her, if you see what I mean, but (.) I can see that from her point of view that it's a good, real life qualification and something that she enjoys err and errrr she likes, and she considers you know like a high priority in her life, but, for me as well, I think it's, err (.) it's err good she is doing something she enjoys, and likes..." Partner 4 (18-21).*

The excerpt above shows how the partner felt for the trainee to be on the course. There were shared feelings and responsibility with the trainee and being a part of their journey on the programme. The sense of achievement and happiness from the trainee spilt over into the relationship which indicated the investment the partner had in the trainees' successes. It would be interesting to note whether the partners felt the same investment from

the trainees in their personal and career goals and if this was reciprocated. It could be assumed that the partner in the above quote was supportive of his partner's goals and aspirations and that 'happy partners' may equate to happy relationship. The partner was perhaps aware of the longer term goals that this course could achieve in improving their quality of life.

*"...and look at the rewards at the end and that's what I keep getting at the end I will be earning and there's a secure job and there's this and there's that you know (.) that's the aim anyway it's that we all want a secure, high rewarding job..."* Partner 2 (92-94).

*"... erm (3) I think its (3) start of a kind of a career that I want to do really (.) so it does mean quite a lot I mean, erm (2) just to get through this would be such an achievement (.) and I think that's one of the things that actually gets me (.) through it (.) you know when I feel like giving up you just think well (.) the end result will be worth it to know that you know you've done (.) a doctorate and you've actually (.) got through it and that makes it quite an achievement"* Trainee 2 (15-19).

The quotes above explored a view into the future of where the trainee's course will take the couple and the family. The process of the course took a holistic impact on the couple that not only the trainee benefits. There is a shared benefit for the couple and family that leads them towards a positive future in terms of finances, family status and in particular better will opportunities. Not only does it become an investment for the trainee but also for the couple's future. The views from the partner and trainees seemed to coincide towards a shared hope or goal to be on the course with the future in mind.

Similar to pride, passion played a huge role in the couple process where the trainees described their passion for the course with personal motives to be pursuing this field. Partners also expressed the passion through the trainees, by supporting and being a part of their *dreams and aspirations to be completing the doctorate.*

*"...something that would feel ye its me, without proving, without the whole process of proving, that I'm proving it to myself because that's it's, I can prove to myself many things, but it doesn't mean that it's really a part of me erm (.) so I got to the stage when I, when this part of me, hopefully it was just going to become (.) my future career or it feels good, it feels a part of me and it feels like I know where I'm heading and that's a really really nice feeling..." Trainee 1 (231-235).*

Trainee 1 explored the impact of being on the course and how it had answered many questions for her. Being on the course seemed to have offered a sense of belonging and entering into a new chapter in her life. She described the course being a part of her and that perhaps in a long line of ventures she has pursued previously, this is a place where she fits.

### **Preparedness**

At the beginning the course trainees and their partners experienced the initial pride and passion towards the course. The impact and the importance of the course and where it could potentially lead not only trainees but also partners was seen as a big part of the process in accepting and embarking on the new venture.

An interesting sub-category was highlighted in the process of *preparing* for the course, the anticipation of what was to come and some expectations from trainees and partners:

*"(.) I was very, I was happy (.) I was excited, erm (.) a part of me was a bit sceptic and a bit (.) sad (.) because I know, although it's selfish to think (.) I know that, I won't be spending as much time erm with, Kal... and erm I know that now (.) while she's doing the course, for the 3 years (.) erm, she'll be tied up in work err we can't just go out spontaneously during the week because she's got to do her uni work, or her placements err and like I said I may be a bit, selfish to think that but, erm I'm very happy because (.) since I've known her err I've always known that she's wanted to (.) go further than her degree..." Partner 5 (3-10)*

The excerpt above explored the partner's support and encouragement for the trainee on the course. However, it also described his reserved feelings of the potential impact the course brought in the early stages. He explored his sceptical side regarding the changes that were about to happen due to the course and how this may impact their relationship together. The changes in the relationship dynamics seemed to concern the partner as they no longer had the luxury to be spontaneous.

*"...err I feel like you know err as much around the fact that this is going to be stressful this year because err she's in second year err and she's more excited about course material as such and excited about the various placements..."* Partner 2 (26-28).

The quote above explored the views of the partner who had been through the first year on the course and perhaps understood the impact of the course on the family and couple unit. He assumed that it was going to be stressful and anticipated a difficult journey ahead however acknowledged his partner's progression and passion for the course. This seemed like a difficult feeling to experience for some partners as although they were supportive towards the trainee's ambitions, they also reflected on the impact it would have on their lives and perhaps the changes to the routines they had been so used to.

*"...(.) I think we know that and I think we know that it's gonna be a bumpy ride and we just gotta get through the best we can and, so at the end we can, both get the rewards again..."* Trainee 8 (53-55).

Trainee 8 acknowledged that they had explored the potential impact the course would have and anticipated that it would be a 'bumpy ride'. It seemed they had the ultimate goal in mind to enter into the new career path and reap the 'rewards' at the end, however to bare some pain in the process.

## **Sacrifice↔Stressors**

This category made up the core of the storyline: it follows on from the initial excitement and pride to be embarking on a new journey towards the reality of the actual process. It was initially assumed that the end point was a focus for both partners to reach and the couples tended not to hone in on the grit of the journey to get there. Sacrifices were made by both trainees and their partners and this tended to cause stress within the relationship and as individuals. It can also be assumed that external stressors originating outside of the couple such as course demands tended to force sacrifices from the partner and the trainees and to some extent it was difficult to ascertain a causal relationship between sacrifices and stressors. A participant describes this process as "*... there's always a wave to (.) swim through...*" (Partner 2, 170) which perhaps highlights constant hurdles trainees and their partners are faced with throughout the course.

This category is comprised of a number of sub-categories, which shall be explored in turn: time, finances, relationship, competency and role strain.

### **Time**

Time was an important factor for all participants in the study where they felt as though the meaning of time had changed for them since beginning the course. The sense of time and how they spent it together differed enormously, which often put strain on the work/life balance.

*"...so yea you know I think I ha-I'm quite careful (.) with err how I manage my time er (2) I don't go out as much as I like to sometimes, and sometimes I don't spend so much time relaxing at home as I'd like to..."* Trainee 3 (133-135).

The trainee above explored the notion of having to be more careful and conscious of how she spent her time. She made sacrifices in her social life and personal time which

assumed that the value of time had become a luxury. The impact of the course had forced the trainee to make these sacrifices and use it for different means.

*"... there's less times where you know, we have fun, we laugh, and we are care free (.) that's what I miss. And you know, before the course, we were like more, more care free if you like, more like, living in the moment and doing things and enjoying life and being spontaneous and (.) you know, having fun, and laughing with one another and you know, just, just having a life (.) errm but nowadays are more like, stressed and serious and you know..."* Trainee 6 (285-289).

Similarly, this trainee explored the impact the course has had on their relationship and how they spent their time. She recollected to their lives prior to the course and having the freedom to be spontaneous and carefree. The meaning of time together had now changed and tended to be influenced by obstacles from the course. The trainees were faced with a huge commitment from the course and much of their time was devoted in pursuing their passions however with the consequences of changing how time was spent alone and with their partners.

Participants who had children experienced what seemed further stressful impact than those who did not. Having children meant that trainees were faced with spreading their time between their partners, children and time for themselves. Often time for themselves tended to be neglected due to there being more important issues to focus on than themselves and in turn leading to more personal sacrifice and stress.

*"... there's managing children and childcare, erm, there's managing time with children, where you know with balancing that with when assignments are due, trying to balance that everybody can have a piece of the pie erm and things get done..."* Trainee 4 (475-478).

The excerpt above presented the impact of juggling children with the demands from the course and home life. It seemed that she felt torn in different directions with the various



elements of her life wanting her attention. The trainee perhaps felt overwhelmed by the demands from all the elements in her life and therefore experienced stress in trying to engage in each aspect in the best way she could.

*"...and I just felt like I wasn't there for him as much as what I could have been erm (.) and I think the first, the first few weeks (.) erm I was actually I was (.) I was quite teary about it. I was quite upset erm (.) I wasn't, I, I think its probably the one thing that I didn't expect that would upset me much and realise the impact, that it was gonna have on, not being able to have so much time to spend with my kids and not being able to pick them up from school, they have to walk home from school now..."*  
Trainee 8 (192-197).

The trainee above explored the impact of not being with her children whilst dealing with the demands of the course and the unexpected emotional toll it had taken on her. Having children and balancing the course seemed to involve a multitude of feelings that impacted the trainee, which involved dissecting their time between the course, home life, and children and for themselves. When 'normal' routines were disturbed due to course demands overriding these, left the trainee feeling uneasy and highlighted that previous routines were perhaps taken for granted until they were no longer something the trainee could fulfil.

Time was an important factor for all trainees and their partners and seen as a luxury taken away by the course. For most trainees this was expected however the actual impact and the element of choice at times had been taken away from them. For some trainees, trying to manage their time had an emotional impact as seems the course had introduced a huge adjustment in their lives. This is portrayed in the following excerpt:

*"... but also (2) just how time consuming this course is, I think that's emotionally draining cause (5) it's, it's becoming more and more difficult to plan other things and plan to just relax and chill out because then you feel bad because you've got to work so I think that has an emotional impact as well..."* Trainee 2 (416-419).

Time for herself and for planning around non-course related events was compromised. The quote then touches on the impact of guilt, which shall be discussed further on, where the indulgence of time spent on herself caused conflict on the time that was not being dedicated to the course or the relationship.

Partners also struggled with time, where their 'normal' life routines were been thrashed by the beginning of the course where routines, daily activities and planning were severely strained. It is important to note that partners had been taken on this journey with the trainee and in a perhaps felt slightly forced into the changes the course introduced in sacrificing themselves for their partner's and family's future.

*"...err it's err obviously if I have the choice, I would do something, else during my weekend and during my free time, err (.) it's, it's quite productive you know, err and working the weekend (laughs) yes you expand the working hours errr, so that is a benefit, work wise, but err no it's not that pleasant, it's not really a pleasant feeling, I would prefer err a lot more free time for ourselves, for both of us, have quality time, this is the downside of err Gill starting, err the course..."* Partner 4 (85-89).

This excerpt from a partner explored how time spent together as a couple had changed whereas prior to the course they had freedom to make choices without the impact on the trainee's education. However, this partner previously described that although time was spent together at home, they were focussed on their own agendas hence being in the same proximity but not 'together'. The partner used humour and tried to see the silver lining in the situation with focussing on his work. However, did not deny the unpleasantness of the time not being together as a couple.

The work/life balance had also been affected due to the new pressures of having increasingly little time together. As the relationship was increasingly neglected over course demands, trainees tended to also lose the element of social life.

*"...I know that there's this is a kind of erm non written understanding that for instance when I have any kind of deadline (.) I, I'm not going out, I'm not err, John knows that he, that he, he's not taking me into account when he is meeting other people erm (.) that he goes out even more may be err that (.) in terms of holidays and things like this he needs to plan around erm, around anything, everything that's happening, everything, err in terms of my family and seeing my family in [REDACTED] err I cannot see them as often..." Trainee 1 (425-430).*

At deadline hotspots, there tended to be a shift in how time should have been spent where all social and relationship elements were further away in their radar. Priorities changed and it was expected within the couple that the trainee would focus on the course. Socialising and family times were arranged around the course so not to clash with the competing demands. An unspoken understanding occurred within the couple where the partner became aware of the trainee's new priority and was expected to see a decrease in attention to couple time.

*"... it's been difficult erm I mean (.) in terms of socially you know, I've always loved socialising... it's been completely different this time round because I can't really do that, it's more, it's more erm, not just time wise (.) I don't have the time to start, you know going placement and then uni work and also financially..." Trainee 2 (71-76).*

Here the trainee described her lifestyle changes since beginning the course where the pressure of time and finances impacted the time she spent with others socially. This also impacted the time she could focus on her relationship and trainees felt somewhat pulled in different directions to meet the needs of the various aspects of their lives. However through their initial passions and commitment to the course, this drove the trainees to continue along this journey in having to make these sacrifices to focus on their career goals. Time was therefore spent somewhat differently compared to life before the course.

## Finances

Finances were another issue both trainees and partners explored in their interviews. As the Counselling Psychology Doctorate is not government funded, trainees are expected to fund the courses themselves and that too at a higher rate if they are international students. Counselling trainees also face the costs of unpaid placements and funding personal therapy as a mandatory requirement.

*"... obviously the training isn't funded (.) so we have to pay for it, and that's a, a huge financial disadvantage because of the (pause) it costs a lot of money (pause) erm (.) not everyone can afford it (.) I'm lucky that my parents, even though not understanding what I'm doing and why I'm doing it (.) they still support me financially (.) but it isn't always easy..."* Trainee 5 (209-212).

In the excerpt above, the trainee explored the financial burden the course takes and its expense. She expressed her parents having to support her in funding the course. This perhaps placed additional pressure on the trainee in managing the demands of making ends meet and doing well on the course. Additional pressures included proving that the course is worth the investment and doing well to show parent's its worth which led to feelings of guilt.

*"... well erre thankfully it's not a major problem err so, that's why I can afford not to work, and this is an expensive course err mm because my husband can afford it, a part of me, I'm mindful of the fact that err you know we, we, we are on one salary, obviously you know we have a good life and you know we can afford to do that (.) errm but then I'm mindful of the fact that (.) it's just one salary and you know (.) and sometimes I feel a bit (.) bad if you like err you know erm (.) the fact that my husband has, a good salary, means that he could probably have (.) he could actually have the luxury to you know to have a better life, if you know what I mean ..."* Trainee 6 (263-269).

Similarly, Trainee 6 felt guilty as the course was funded through her husband's income. It was suggested that the trainee felt like a burden on her husband where funding the

course was undoubtedly expensive. It seemed she felt she had taken away the opportunity from her husband to live a better quality of life, had they had two salaries. She explored the alternative of having a 'luxury' life without the burden of course fees and meeting her husband's needs. There seemed to be pressure on the trainee as the course was her choice and perhaps had forced this sacrifice onto her partner.

The role of finances has also changed, similar to the meaning of time. The stresses and sacrifices seemed to interlink and have an impact on each other. Finances were a burden to the trainee in terms of funding travel and academic costs of books etc. The way money was spent differs to their lives before the course where some trainees described the spontaneity in buying gifts and treating themselves was no longer an option. The focus was mainly on funding travel expenses, books and personal therapy which the course has dictated.

The change in quality of life was further indicated by one trainee who described having to shop at alternative supermarkets known for their lower prices. The burdens on finances also filtrated towards those with children where having to hold back on expensive gifts they were once able to afford prior to the course. This again brought about a multitude of feelings experienced by trainees in dealing with the changes that taking on the course had brought and the impact on their families.

*"... yea, the fi, financial impact has been (.) really hard erm (.) it's just that I've had to cut back on like everything, and I know times are really hard anyway, erm (.) but yea we, we've had to sort of (.) even little things like we don't stop in Sainsburys anymore, we shop at Aldi because it's cheaper (.) erm, everything, everything we buy we have to be careful about and research it and see if we can get it cheaper, erm, even like Christmas, I've had to say to the kids you know you're not gonna be getting, all what you used to get when I worked full time you know, cause mum doesn't have a lot of money anymore so that's, things like that is a bit difficult..." Trainee 8 (105-111).*

The quote above summarises the sacrifices that were made by the trainee in terms of a change in her lifestyle, which also infiltrated into her home life and family. It may be worth to question whether these changes were anticipated prior to the course or were unexpected surprises to the trainee and family. It appeared however, that the trainee was able to help her children understand why the changes were happening which may have lessened the impact on the family knowing what could be achieved when the course was over.

The partners also explored the impact of the finances the course had brought about for the couple. There was a notion of being 'dragged' into making the sacrifices and were perhaps dealing with the issues as they came. Most partners were also fully enthralled in the sacrifices and stresses the course brought and tended to experience this via the trainees. Their support, encouragement and pride at this stage in the narrative was tested as they were thrown into experiencing the stresses and sacrifices through the trainees.

*"... (.) like I say financially (.) erm it's been quite a strain, not necessarily on our relationship, but just, well I suppose but you know, logistically day to day life living err..." (43-44) "... errrm (.) financial, again, obviously, errrm (pause) and it's always, it's always, well obviously because he's a uni student, but for me it's like being a uni student all over again really (laughs) (.) because we both living on one salary, it's like living on a shoe string errm..." Partner 6 (57-59).*

The above excerpt explored the impact of finances on the couple on their daily living which had been impacted. The partner also expressed how she had been forced into the role of living like a university student once again as the couple were reliant on her salary. She identified the struggle this brought to their relationship that the power of choice has been taken away from the partner when she had to make sacrifices for their relationship.

## Relationship

The couple relationship was at the heart of this study exploring in what ways the course and training affected the trainees and their partners. As part of this category of *Stressors and Sacrifices* the relationship had somewhat come into disrepute. However, in some cases participants noted the positive impact on their relationships in terms of building on resilience and positive growth.

The impact of the training had infiltrated not only through the trainee themselves but into their relationships, partners, and for those who have children. The impact of finances and time had taken away from the quality of their relationships where trainees focused more on the demands of the course and sometimes leaving their families feeling neglected.

*"... because of these difficult practical changes you know they put a lot of pressure (.) on her as a student so she is exhausted so the free time that we have you know she either wants to sleep or rest or whatever she wants to do so (.) and also emotionally it is creating a space as well or a, a distance which both of us do not want but it's happening inevitably, so so ..."* Partner 2 (108-111).

Partner 2 explained that the course taking the trainee away from spending time on the relationship which therefore dictated how the trainee felt when they were together. He also talked about an emotional distance within their couple unit and highlighted that this change was 'happening to them' as opposed to something they were creating. Therefore this suggested from the partners view that the impact emanated from an external cause.

The course had undoubtedly taken a large part of not only the trainees' lives but also their partners which was causing strains in the relationship. Partners had explored feelings of abandonment and neglect by their trainee partners where time and money was focused on course demands. Partners battled with this concept in trying to maintain their support for the trainee but also dealt with the lack of involvement and focus on their relationship.

*"... erm because of the course (3) I've had to put certain things on hold (.) erm in terms of my relationship so (.) you know ideally I think I probably would have liked to (.) be planning like to get married (.) you know and things like that but I think because he's one of those where you know just wait until the course is finished you know then we can do that so (.) because it's too much to think about all at the same time (.) and also financially as well (.) so it's pau, you know paused certain things in my life ..."*

Trainee 2 (83-88).

Certain life events were on hold by some participants until the course had been completed. Priorities had been made by the trainee to invest time and finances to complete the course and then continue with personal ventures. This perhaps stunted the relationship growth towards developing as a couple to meet relationship milestones such as transitioning to marriage and parenthood. This too was the consequence of the trainee choosing to embark on the course at this time in their lives and therefore took their partners into this bargain also. The trainee was faced with two life transitions in parallel, the relationship and career. They had taken the decision to prioritise and sacrifice the progress of the relationship to focus on the course.

Trainees and their partners had chosen and accepted these consequences to embark on the course at this time in their lives. An interesting decision and bargaining process was made, to choose sacrifices of time, money and the relationship in order to progress in other parts of their lives. It may be that the trainees and partners were able to reflect on earlier times where they could remember their passion and commitment towards the course.

The work/life balance had also impacted relationships and how the family functions. Due to the demanding course, the trainees were spending more time focussing on the requirements of the course such as placements and coursework. This meant leaving their families and partners to their own devices whilst the trainees focused on their course demands.



*"... you know when it comes to this there's just no negotiation you know. This is what I need to do and err that's it, that's the other things you have to err shut everything else down (.) and go do my thing so (.) yea..."* Trainee 3 (398-400).

Trainee 3 talked about times when deadlines were looming and admitted to closing herself off to focus on the course demands meaning that everything else for the trainee was blocked out. Therefore this suggested that the relationship was moved down the priority list.

Trainees seemed to be fully aware of the impact of the course on their social lives and intimate relations. The quote below identified the trainee coming to an awareness of how strong the link was between stresses from the course and the arising difficulties in the relationship.

*"... but I know that when the stress can be removed or relieved, then it's better, so I know it's as a result of what, what is going on (3) but my worry is that, I don't (2) you know they say that training changes you, also and erm (2) and that obviously, partners see this change, and they're not always, up to speed (.) you know, that in itself as well can cause cracks..."* Trainee 4 (228-231).

Interestingly, the trainee also mentioned how the course had created a shift between the couple fit. Going through the counselling doctorate takes the trainee through an academic and personal journey where there is an emphasis on personal development and personal therapy. Some of the trainees explored this notion in having to look within and build on self-awareness, which in some cases had left partners feeling alienated.

Partners' views tended to be mixed where some felt resentment towards the trainees for neglecting the relationship and some described their continuous support in being there for the trainees at all costs. A notable point was that those with the most negative experiences tended to be participants with children, which appeared to demand more of the partners' childcare resources that trainees could no longer adhere to. This meant less time as a couple

to manage childcare demands and additional financial stretch to manage family demands on a significantly less income:

*"... so after a 6 day week of working, working, working you know I also need to have some time to sit down but I can't. I have to take the kids so my wife can have the space to sit down and study..."* Partner 2 (75-77).

## **Competency**

Whilst trainees were focussed on the course demands they also experienced stresses regarding their competencies as being 'good enough' practitioners. Trainees faced academic stresses to pass coursework throughout the programme in addition to deliver a good standard of care in placements. Having to work with multidisciplinary teams and being watched by their supervisors, trainees were under pressure to provide 'good' therapy whilst battling with their own insecurities.

*"...I think it's quite err, fell into my pathology of trying to err, prove to you that err mm, I'm good enough or I'm strong and things can get better than this so kind of like that and that was really exhausting and erm ..."* Trainee 3 (186-188).

In the context of this quote, Trainee 3 also experienced difficulties with their supervisor, which intensified her experiences and expectations of herself and that of her supervisor. Her feelings of exhaustion also spilled over into her personal life where placement issues were at the forefront of her mind. With this in mind, it can be difficult to focus on various areas in the trainees' lives if the academic and placement aspects overrun into the majority of their spectrum, hence causing potential relationship rifts.

*"...I put too much pressure on myself... because I had this thing in my head: oh my God this is doctorate level, I have to prove to myself and others that I can do it erm I was really scared of academic work erm because although I don't, I can, no I wouldn't say it, I was scared of (pause) of erm (.) the way I had to express myself and thinking oh am I going to be judged erm..."* Trainee 1 (41-46).

The self-confessed pressure she was adding to do well and be well in her new endeavours is apparent in the excerpt above. This was a real threat to trainees, having to embark on an intense course. Perhaps the name of the course itself brought about a status of high academic abilities. Entering the course from various routes perhaps added to the pressure on trainees to be at a certain standard and may have found themselves comparing their skills and abilities to others, often under-sighting their own experiences.

*"...yea ye, er and then the placement erm was secondary mental health placement (sighs) fucking hell it was just like, I apologise, erm ye erm it was full on. I remember the first client or the way I was feeling before the first client (laughs) the feeling of seeing the first client was ridiculous. I just couldn't (.) my, my whole body was shaking it was just ridiculous..." Trainee 1 ( 89-92).*

The trainee described the impact of seeing real clients and the fears in applying theory to practice. A trainee going through this experience proved to be a great difficulty especially for those with little or no experience. Having to face placements alongside the demands of academic work on the course could therefore reserve less time, emotional and mental resources for their partners. The relationship lost its priority to the course. It was not considered as important as the more impending issues arising from the doctorate.

The stresses and sacrifices that were experienced by both trainees and their partners clearly demonstrated how difficult it has been to maintain a work/life balance. In keeping up with course hotspots such as changes in placement settings, looming deadlines and academic focus; feelings of guilt in neglecting their partners and families and leaving partners feeling somewhat forgotten. Some of the participants with children seemed to experience more stress than those without children as trainees explored the impact of leaving their partners and children to focus on their work. Trainees delved into a multitude of feelings such as guilt, and partners exploring feelings of resentment battled with providing encouragement.

## Role Strain

Trainees' and partners' notion of role strain was focused on as the interviews and narrative developed. Participants experienced role strain with the impact of their new situation on their particular roles within the relationship. For the couples who had been together from before the course began, they had already developed roles within the relationship such as household chores and roles as the 'protector', 'provider', 'carer' etc.

*"...(.) my load doubled, his load, maybe added a little (.) but my load has more than doubled (.) maybe (.) and I didn't complain you know. I just thought I'm doing this course and I have to get on with it (.) but you know my role is still, there's a battle where he wants me to keep my role as the same as it was before despite all the other stresses I'm taking on and what has changed in that he has started cooking some meals now I'm not here (.) and, and that's a, that's a change erm or get some shopping just as I've asked..."* Trainee 4 (250-255).

Trainee 4 expected to continue with roles as established before the course. Difficulties were expressed about managing the increasing demands, illustrating the battle between changing roles to balance pressures and partners resisting the changes. The additional student role introduced a withdrawal of role within the relationship and home and therefore partners initially reacted by resisting the change and then gradually adapting to the new situation. It may be assumed that the partner also felt guilty towards the trainee due to the increased demands, in turn facing their own battle of resistance and guilt. Therefore the partner has taken on roles to support the trainee.

The adjustment in roles seemed to bring about underlying changes and difficulties for partners, especially male partners who may have had to adjust their roles to take on more of household tasks which the trainees were struggling to maintain.

*"...before the course, I was kind of like, more erm I had the house, housewife kind of like role more, than I have it now, so I used to do all the cleaning and you know, cooking, shopping, you know everything, a housewife probably does (.) erm but now it's not like that (.) errm we kind of like share more errrr then, hmm yea, that's the, that's the main difference I would say (.) hmm ..."* Trainee 6 (301-305).

It seemed the roles prior to the course were more gender stereotypical with the male as the breadwinner and the female role including more household duties. The roles seemed to have merged together where both partners took on activities within the home after the course. This resulted from the trainee having less time to focus on daily household routines but more time dedicated to the course demands. A dance of emotions occurred at this stage where trainees were conflicted with guilt in reducing their roles in the relationship and partners faced resentment and resistance when being thrown into a new dynamic.

Therefore relationship dynamics were also altered over time for the trainees and their relationship (see the excerpt below). This may have caused fundamental changes and struggles for couples who had been set in their ways for months or years before the course and had to make unanticipated changes.

*"... errrm (.) yea I think I'm more kind of like err (.) needy, in like, I need err more kind of like support, for things and, I didn't use to be like that, I used to be like really, just independent and supportive, of him soo (.) but a big change in how I see myself and how, probably the relationship is at the moment err (.) I'm more vulnerable now, whereas before I wasn't vulnerable, that much anyway, I wasn't that, that vulnerable so I was able to support him, err when he's stressed. But now I've found myself that I cannot support him..."* Trainee 6 (308-313).

It is clear that Trainee 6 changed throughout the course from having independence and equality in the relationship, before the course, to dependence on the partner for emotional and practical support, during the course. Her feelings of vulnerability and exposure seemed to be a result of the doctorate. Her original role as a supporter seemed to have subsided as her

focus had changed to the course. The partner perhaps felt a need to protect or support the trainee during this time.

The trainee compared and contrasted her roles and abilities from before and during the course which suggested feelings of guilt for imposing a number of demands onto her partner. Emotional changes occurred where couples shifted in their emotional demands from one another. The changes appeared to be mostly unforeseen to the extent they were actually being experienced. Beneath the passion and *commitment* lay the *stresses and sacrifices* and bringing on a spectrum of guilty emotions because of the changes.

*"... weekends basically err it's, (.) you know me entertaining the kids, Saturday, we, we the four of us do something we go out, on Sunday you know we are dumped out of the house cause she stays there a-nd err Monday, she goes away early so I take the kids a-and I err feed them and wash them and everything and put them to bed and err Tuesday err she works late so again I err take the kids and cook for them and wash them, Wednesdays, she's here and then Thursdays she errr she used to come home late so again I used to do the same thing and err come Friday I need to get them from nursery and school so yea I mean erm the day to day practical stuff,..."* Partner 2 (269-275).

In the excerpt above the partner listed the changes he had been enthralled into due to the trainee being held up in course demands. It was also interesting to note that this partner had taken on more duties for their children, which perhaps was a shared role within the couple previously. The participant's description of being "*dumped*" out of the house with the children was telling. The trainee prioritised the course however at a cost of losing time with the family. The excerpt gave rise to a feeling of resentment and blame from the partner towards the changes the trainee had brought upon the family, indicating the emotional dance of shifting passion, guilt and resentment.

The impact of *stressors and sacrifices* was seen to take a large toll on the trainees and partners, which evidently caused shifts within the couple and family dynamic. The trainee's career choice in hope for a better and brighter future seemed to cause many stressors on the journey. Partners showed their encouragement towards this investment and supported the trainees however were also taken on a journey filled with unexpected stresses and many sacrifices, which brought about an array of emotions. A process of readjustment occurred as the couple adjusted to the new environment and situation which then developed into a new norm for the couple unit.

### **Guilt**

Following the impact of *stresses and sacrifices*, guilt seemed to invade trainees and partners. Trainees experienced guilt as their partners were faced with the difficulties that the new lifestyle brought. The course was the trainees' choice and through their commitment and passion the partners encouraged them to pursue their goals. Trainees also experienced guilt through the demands of the course and often experienced dilemmas throughout the training to focus on the coursework or to indulge in time for themselves and their families.

Partners felt guilty when having to deal with the negative impact of making readjustments when also having to show their support and encouragement to the trainee.

This category is made up of the Inner Voice and Powerlessness, which shall all be discussed in turn below.

The demands of the course placed a number of strains on the trainees and their partners' personal relationships. Trainees and partners were well aware of how the course focus tended to pull trainees away from developing the relationship. The course also hindered relationship progression such as marriage, holidays and buying property together. However,

this could have alternatively been because of the trainees' passions and commitment and the partners' encouragement, which would bring more positive benefits and developments in their future relationship.

### **Inner Voice**

As discussed earlier, trainees were found to battle within themselves when trying to manage a work/life balance. However, at times the balancing process proved too difficult and trainees would feel *obliged* to focus most of their time on the course, whilst being fully aware of the repercussions in neglecting their families and social time.

The *inner voice* tended to resemble a conscience which frequently questioned the trainees' actions when not focussing time on the course.

*"... I mean there's always a party, there's always a dilemma you know err, it's like you know those simple things like, go to yoga today with my boyfriend which I've been really looking forward to you know. It's something that we do together, we both enjoy da, da da or you know go home and work and I really have to work, cause it's Monday tomorrow and I've got this crazy week starting and I will need to work and blah blah blah..."* Trainee 3 (466-471).

Here the trainee described the battles she faced between choosing to focus on the course and being able to spend time as a couple and socialising. It seemed to be a constant battle for all of the trainees when trying to balance their options where the feeling of guilt would reside in them in whichever choice they made. Trainees felt guilty for choosing the course over their partners and socialising and would also experience stronger feelings of guilt when enjoying non-course related activities.

*"... know I had (.) the weekend off, you know (laughs) now it's not like that, it's working and I also feel a bit guilty and you know, a bit paranoid... yea because you know, there's always something, that you, you should do, there's always something*



*that, a deadline or something... I feel a bit guilty, I feel a bit as though "oh I should be doing that because you know I have so many things I should be doing and you know, I'm just chilling out now" (.) so yea there is a bit of guilt err it's kind of like stays in my mind..." Trainee 6 (88-99).*

The quote above also conveyed the difficulties the trainees experienced in balancing and meeting their course demands. The course however tended to take a bigger toll on their decisions and perhaps also dictated how the trainees made choices. Trainees felt guilty about their choice not to invest time in studying but rather socialising, relaxing or spending time with the family. The importance of the course and the lengths they had gone to get on the course was perhaps a reminder that this was the key to the rest of theirs and their family's lives. Therefore, investing time away from the course invoked feelings of pressure, guilt and the fear that the opportunity to progress in their careers may be taken away.

*"... my social life isn't as, social as it was before, I still try to see my friends because I've heard so many people's relationships breaking down once on the course so I really try to stay in touch with people but, just sometimes it's not possible (.) sometimes it's really hard, thinking, saying shall I stay at home and do the reading and work on my course work or shall I go out and join my friends in the pub... I have changed the way I approach people and the way I think and the way I, the way I am really, so that has then impacted the way how other people see me and experience me so (.) I think there have been some changes in my relationship with my friends, with my family..." Trainee 5 (425-434).*

The trainee battled with the *inner voice* to make the *right* choices and the realisation that neither choice would be guilt free. Difficulties were experienced with loved ones who perhaps perceived her in a different light due to the nature of the course and the journey she was going through. Significant measures were taken by the training programmes for trainees to explore their inner selves through personal development and self awareness, which may have evoked changes within themselves. The *inner voice* perhaps hounded trainees to make

choices between their former selves and their present selves on the journey through the course. This may have led to widening of relationships with loved ones who may have noticed differences in the trainee from before the course. Trainees reported feeling torn in managing relationships from being who they were to who they are now. This led to difficulties in managing the shift within the relationship where partners felt forgotten about when trainees embarked on a journey of self-discovery.

The quote below depicts the impact of the *inner voice* from the partner's point of view, which provides an interesting aspect of how partners experience this struggle.

*"...we don't (.) have, a lot of time together (.) erm and I think when he has time, he feels that he should be doing, something more con, con, not, I don't mean that he, spending time with me (.) is constructive or that he wants to do it but he feels he should be doing something else, in relation to, to uni erm (.) that can be hard you know because obviously I sort of then take that a bit personally sometimes and I shouldn't..."* Partner 6 (65-70).

The partner experienced guilt as they wanted the trainee to spend more time focussed on the relationship. Partner 6, described the impact of the trainee's *inner voice*, which tended to impede on their time together, which in turn was taken as an insult by the partner who appeared to feel neglected. It was evident that stressors experienced by either one partner had impacted upon the other and therefore delivered a range of consequences for the partners and trainees.

### **Powerlessness**

This category provided an interesting insight into the roles of partners within the couple dynamic. Power tended to be a theme throughout the narrative where trainees experienced guilt with their perceived loss of power in making choices to meet the needs of their families.

Partners experienced struggles with their changing roles and witnessing the trainees being taken on a journey of intense experiences from the course. In a role where they once supported the trainee and dealing with arising issues together before the course, seeing the trainee stressed from an external source was difficult for partners to witness. A sense of helplessness and the need to protect were apparent whilst also battling with their inner guilt when the partner wanted to meet their own needs.

The theme of powerlessness seemed to fluctuate throughout the partners and perhaps this was dependent on their own needs at the time of interviewing and demands that were placed on them, such as extra childcare.

*"... like feeling err a bit lonely every now and then or (.) errr a little bit helpless is the other aspect of it because, I can see she is going through the stress and I wish I could help more (.) but it's not my call, and I cannot really do that anyway, I couldn't, I couldn't really err do anything more (.) so it is a bit weird for me, so like you know I'd rather have, being really, you know like so much, you know like err pressure, and not really being able to, to help..."* Partner 4, (143-147).

Partner 4's feeling of helplessness with not being able to provide support to his partner with her university work was clear. The partner's role was being questioned where the trainees perhaps required an alternative type of support that perhaps their partners were not aware of. This led to feelings of powerlessness when partners continued to support the trainee in the way they had always done therefore, they may have perceived their support mechanisms no longer providing the same solace.

*"... it's not nice to see (.) I keep asking, telling her I can help her, do some work, for her (.) err I can do anything for her, look at some cases or (.) some research, or anything (.) to give her moral support, try and be there for her (.) erm (.) but Kal likes to do her stuff in a particular way, she wants to do it all herself, which I can understand because, she's come so far doing it by herself, so (.) it's not nice to see, but I just have to be there to support her..."* Partner 5 (172-176).

A protective role seemed to arise in the partners when offering their usual support was turned away. It also suggested that the trainee required support relevant to the shifts they had made within themselves which did not always match what the partners were offering. The partner may have felt intrusive towards the trainee when trying to support them through a need to protect from difficulties, however felt unable to take the source of the stress away causing powerlessness. The partner felt increasingly alienated from the relationship, yet also feeling compassion and guilt for not being able to rectify the trainee's situation.

*"...well it's horrid (laughs) horrid you know as I say you know you don't wanna see anybody you know under so much stress and (.) you know and I'm powerless. There's nothing I can do to help him (.) erm I just have to sort of lend him an ear you know ... no, er there isn't anything that I can do you know (.) I can't do the work for him you know, there's, there's nothing I can do err to help him at all, which is, horrid..."*

Partner 6 (141-147).

A sense of redundancy was experienced where the partner was unable to provide the support to the trainee that once worked. It is interesting to note that this partner was female with a male trainee partner, which may have indicated that gender stereotypes of male partners taking a protective role of the female may not be relevant in this circumstance. Both male and the female partners reported feeling redundant which suggests the female partner also took on a protective role for the male trainee when stressed. Trainees required a different type of support that the partners were not experienced or equipped to give. Trainees explored the notion of depending on their partners more, which had provided a shift in their couple unit. The partner however, may have felt uncertain about this new dynamic and unsure of what was needed to meet the trainee's new needs.

## **Acclimatising**

The journey so far saw the couple through an expedition of elation, pride and passion while embarking on a course, which ultimately led to further opportunities not only personally but also for the couple and family unit. This however, had continued onto a phase of adjustment and development into a new state of living and adapting to the stresses and sacrifices brought on by the course; an external construct outside of the couple unit. Couples had developed a new way of living by adapting to their new life circumstances and living within the remits of the course.

It was found that the coping process was not necessarily planned in advance but was a process that developed through experiencing and adapting to the stressors brought into the couple unit leading to sacrifices being made. As this category's name suggests, participants began to acclimatise to the new situation and perhaps entered into survival mode to adjust to their new situations and staying above board.

Participants' reactions to the stresses and adjustments were appraised as being finite to the duration of the course. The interpretations of their experience fluctuated from feeling being 'in the thick of it' to looking ahead to their ultimate goal. This was true for all participants who expressed difficulties in managing the new changes. However, participants understood that it was a by-product of their situation.

Through the process of acclimatising, trainees and the partners sought to carry on forward and manage their new environment.

*"...for quite a few months I was just **going through the motions**..."* Trainee 3 (81-82).

The in vivo code of "going through the motions" highlighted the processes the trainees were undertaking to get through the stressors at the time. Getting through each

moment as they arrive and not looking too far forward into the future seemed to be a support for trainees.

Another interpretation of the process by a trainee was termed as a "necessary evil" (Trainee 4, 196). This suggested that trainees were perhaps taking on the struggles of the course by focusing on the light at the end of the journey. The ensuing *stressors and the sacrifices* were seen to be a necessary evil to go through to get to the final goal at the end of the course. The quote below encapsulated the trainees *acclimatising* with the changes and stresses associated with the course.

*"..... I mean to be honest, I just feel like it has to be done and I just, and I feel like I put so much thought into doing this and err and I'll do, I'll do it all over, I'll do whatever it takes just to do this now."* Trainee 4 (379-381).

The determination of the trainee to progress and their willingness to take on the course regardless of the stressors that came about perhaps indicated an automatic mode to focus on the end goal, whilst passing through stressful encounters on the course and within the relationship.

This category is made up of subcategories of Grounding; Building Motivation; Peer Support; and Personal Therapy.

## **Grounding**

There is an underlying theme of participants gaining perspective and looking at the broader picture. At times of difficulties and stress, participants reminded themselves of the end goals to get through the course and became aware of the stresses they had experienced were a part of the journey to the end.

*"... yea it's not (.) it's not a nice feeling but then the good thing is because you know ok this is the last step now so it makes it a bit (.) you know you've got that motivation (.) but (.) sometimes it can be a bit suffocating..."* Trainee 2 (11-13).

The analytical process of the trainee who experienced the struggles from the course, however led to developing a perspective in realising the transitional nature of the course. The notion of feeling suffocated suggested how consumed she became within the course atmosphere and the reminder of the end goal supported from becoming so overwhelmed by the course. It seemed that this trainee was on the final stretch and was able to see the finishing line of the course, which provided the motivation for her to pursue their training further and carry on forward.

*"... I feel like I'm not enjoying myself when I'm doing this course but then yea that's the conflict that I have but the thing to get me through that is (2) knowing that this course isn't going to be forever and that it's sort of (.) the start of something which hopefully going to be (.) you know good for me..."* Trainee 2 (92-95).

At the times of struggle, trainees undoubtedly experienced negative emotions due to the inconveniences and challenges the course had brought to the individual and the couple unit. The realisation that the difficulties and challenges experienced were transitional in nature was perhaps a saviour for this trainee who looked towards the end goal as a motivator to get through the immediate stresses. The temporary nature of the course provided a huge motivator to trainees and their partners, like one trainee mentioned:

*"...I feel it's kind of err (.) chasing a, chasing a carrot you know cause I (.) I wanna think that you know all this effort that I put into that and doing something that I love and I'm really interested, that it's gonna pay..."* Trainee 3 (451-453).

It appeared the trainee thought of the process as a race in getting towards the end and *chasing the carrot* throughout the journey appeared to conceptualise the process of how to get through the stressors.

Although participants aimed to look at the bigger picture and the end goal the partners' support throughout was invaluable to them. Negotiations of time and building in quality time together for the relationship tended to support the couple and begin to reduce the imbalance of work and social life.

*"...so we always try and do that at least once a year. Sometimes we get short breaks in as well (.) so we try and have things to look forward to (.), you know, where we'll definitely be getting away and switching off and that sort of thing..."* Partner 1 (250-252).

Organising time away and having an event to look forward to brought the couple together and began to readdress the imbalance of work and social life. With the temporary nature of the course in mind, this brought light to their current experiences. This notion was raised throughout all interviews with trainees and partners; it reflected the sheer power of anticipating planned time together to get them through the immediate struggles. The negotiation of planned time together also tended to lessen the *inner voice* as trainees could plan around the designated time away.

*"...to take our mind off things we just go out, go for a drink, go to the cinema (.) erm walk round the shops, look at things for the wedding, you know, anything to get her mind off it, and then when she comes back to it, she's refocused and, batteries are charged..."* Partner 5 (199-201).

Indulging in couple time together seemed to help the trainee in generating a different focus. It seemed that the aims of these are two-fold whereby the couple unit was reunited to spend quality time together as well as to ground the trainee in activities they may have pursued before the course. It may also have served as a reminder of their life before the course and hence the transitional nature of the course was highlighted. This therefore could have been a prompt to what life could be when the course had been completed.



One partner described "*the light at the end of the tunnel*" (Partner 2, 50) which conveyed the couple unit focusing on their initial passion and drive to better their careers and gain the doctoral qualification. Although the present circumstances were difficult to experience, participants seemed to rationalise this in terms of getting towards the end goal.

Partners tended to play a large role in grounding trainees and providing perspective. Humour was often a way to support the trainees through the immediate difficulties. This grounding technique brought trainees back into the moment and to take them away from getting consumed by stresses from the course and spilling over into personal lives.

*"..., I keep reassuring her, that she can (.) buy me, any, any car or any, any designer clothes or, no I'm joking but I, I, I keep telling her that's what I'm there for, that's what (.) you know that's what, in effect, what a husband or wife are there for...",*  
Partner 5 (148-,151).

Here the participant used humour to communicate the transitory nature of the course. The partner used the end of the journey as a reachable goal for the couple to cope with the demands they were facing. It was a struggle for partners as they experienced helplessness in not being able to take away the demands from the trainees. It seemed they aimed to support in any way they could to make their current experiences bearable through using humour, organising time away together and grounding trainees in managing the imbalance of work and social life aside from their day-to-day practical support.

Time played a great part in the participants' lives throughout the duration of the course. Previously time had been described a stressor for participants where large amounts of time was dedicated to the demands of the course. The notion of time evolved and took on a new meaning for the participants. In the process of adaptation, participants expressed using their time in other ways, whilst having less time to focus on the couple relationship, the little time available was said to be cherished. Participants utilised their time together for quality

interactions rather than focussing on the lack of quantity of time which exemplifies the process of acclimatising to the current situation.

### **Building motivation**

The notion of building motivation comprised of a rationalising process for trainees and partners in supporting each other to keep pushing through together. This subcategory comprises of the protective nature of partners; bargaining; and self-talk.

It was noted that partners felt a great sense of being powerless and pressured to support the trainee. They expressed the difficulties in witnessing the trainees' struggles on the course and the desire to support their partner in whichever way they can to lessen their struggles. Partners then felt useful to the trainees. They experienced struggles in role changes, which made their roles as providers and protectors almost redundant. Partners tended to adjust and shift their roles to meet the needs of the trainees in aiming to support and feel 'useful' in their new roles.

It appeared there was an instinctual need for partners to support and rescue the trainees in their personal turmoil. However a secondary stress appeared within partners in managing their own feelings of helplessness and powerlessness. Partners therefore perhaps unconsciously adjusted their roles to what they could do to protect the trainees in this new situation.

*"...I was on her side..." (243), "... I was just trying tooo keep her head (.) above the water..." (245), Partner 3.*

The quotes above clarified how partners tried to support the trainees, to be on their side and help them to keep afloat beyond the stressors from the course. This was appraised as a burden on the partners. Maintaining the united front and showing their presence to the trainee by being on their side perhaps conveyed an image of protecting the trainee: by being a

consistent figure in their lives amidst the stresses around them. The partners particularly felt the difficulties when they were not able to take the stressor away however, aimed to look for ways to make the process an easier one.

*"... little bit helpless is the other aspect of it because, I can see she is going through the stress and I wish I could help more..." "... I try not to (laughs) err not to be you know too much trouble at home, that's one thing, I try not to, err to be, very demanding in terms of err asking for things and doing things or like that..."* Partner 4 (143-144, 149-150)

The feeling of helplessness was illustrative of the above excerpt. A protective instinct appeared as they were striving to do what they can to support the trainee. The partner was conscious of adding further pressure in the home environment and therefore helped to relieve pressures at home. One of the aims was to increase the frequency of quality interactions as a couple.

This was an interesting aspect as couples who lived together tended to relieve pressures around the home, such as chores and childcare, to increase quality time with the trainees and possibly reduce stressful interactions within the household. Couples who lived apart however, tended to motivate and support the trainees by taking more time together to indulge in recreational activities and to take trainees into a new space such as social outings. However, all partners dealt with the underlying pressures that trainees felt guilty for spending time away from the course. This in turn tended to bring feelings of resentment and rejection for not having the sole attention of the trainees yet also experiencing guilt for not appearing to be empathic to the trainees' needs. This constant flutter of emotions seemed exhausting for trainees and partners to experience in responding to their own needs but also the needs to protect and support the other. Partners were also exhausted in this dance of supporting trainees but contemplating their own difficulties to maintain the relationship for the both of

them. This left the question of who is there to support the partner. It appeared at this point that there was an imbalance of give and take in the relationship; partners were givers of support whilst trainees received the support. Although partners experienced the dance of emotions, trainees too perhaps battled with conflicting feelings whilst feeling emotionally stretched in managing competing roles and not being able to fully support the partner.

As the majority of partners were male, it was hypothesised that perhaps their gender predicted a protective nature from the male partners. However, the female partner also noted similar experiences. She too experienced helplessness and powerlessness in witnessing the trainee experience course demands and expressed doing the best she could to ease the struggle. The course, being an external stressor was impacting upon the trainees, which the partners had no control over to take away. Their protective instincts seemed to kick in to find the best solutions they could to ease the difficulties. An uncomfortable feeling of watching a loved one go through hardship was commonly expressed by the partners. The effects of gender in dyadic coping strategies would warrant further research.

A process developed where trainees began bargaining with themselves with the aim to balance work and social life. The process of bargaining meant that they could create conditions to try to meet the needs of both work and social life. Placing conditions seemed to offer trainees a sense of control and balance to indulge in time for the couple unit and other social activities.

*"... there has been a lot of bargain because of the course like err (2) ok we meet for 2 hours, then I have to work and then you have to go home and I need to work..."*

Trainee 3 (284-285).

The trainee described having to bargain for her time to ensure she was meeting the needs for pleasure and work and also the needs to maintain the relationship with her partner.

The trainee placed conditions to manage and complete tasks. In order to indulge in personal time they set the goal to complete a substantial amount of work to be rewarded with time off.

Trainees appeared to be self critical in determining these conditions to decide at what point they would deserve to socialise. Goal setting was a common practice where trainees would agree with themselves and often with their partners to complete specific tasks to allow themselves to spend time together. Placing conditions seemed to help trainees boundary their time and reach smaller goals, which perhaps built confidence and achievement when these were met. Being able to indulge in time away from the course revealed increased relationship satisfaction and less guilt. However the thought of the course was never too far away and often trainees tended to feel that the inner voice was always present. This entailed a conscience-like voice hounding them with messages to focus on the course and not losing time out spent away from it.

Partners also appreciated these bargaining techniques, knowing trainees were actively trying to schedule in time to focus on the relationship albeit the little time they had. It provided a message to partners that trainees held them in mind and were trying to support them like the partners had supported the trainees. The meaning of time together therefore changed from prior to the course towards more quality interactions together.

Trainees used self-talk to work through the stresses. However, this way of coping and self soothing tended to come in the latter stages of the model and perhaps the training. Trainees and partners tended to come towards this part of the model and come face to face with their circumstances, taking on a broader perspective. Whilst experiencing difficulties and struggles in their new lifestyles the couple were enmeshed in the situation. However, thinking about the end goals gave the participants a light at the end of the tunnel that experiencing these stressors would eventually lead to pastures new. A degree of acceptance

and relief was experienced throughout interviews when participants described taking the situation for what it was, to continue and conquer.

Self-talk provided a reasoning voice to the trainees normalising that they were human and striving to reach their best potential. Allowing themselves permission to have time away from the course and spending time as they used to before the course began, meant that in those moments, trainees readjusted their priorities towards family life and enriching relationships.

*"... well I try to rationalise it and say you know well you are only human and you can't work, all the time, and I deserve a break, and I kind of like errr remind myself that..."* Trainee 6 (103-104).

This acceptance from trainees felt like a weight had lifted off their shoulders. A focus on being human and only experiencing what they could in their given circumstances created a personal understanding, hence uplifting some guilt. It seemed that a combination of learning about self awareness and acceptance and increasing support from partners enabled trainees to work towards a change in view. The constant motivation and encouragement from partners tended to spur trainees on and continue the uphill struggle towards the end. Trainees also began internalising support from partners and used bargaining strategies and self-talk to push through. A shift in awareness was noted as trainees accepted the realities of their situation: coping then came from within themselves rather than looking for external answers to take away their struggles. Partners too appeared more settled in what they could offer to the trainees in the best way they could.

At this stage the couple unit seemed more of a solid structure where they had built up coping strategies through the struggles. The coping mechanisms were developed through a survival mode to keep their heads above the water and continue in the process. Survival appeared to be common entity for all participants. At times they felt drowned by their

circumstances however, through striving and creating a new supportive structure around and within their couple unit developed a life jacket until they were led to place of safety: towards the end of the course.

From this participants, and especially trainees, reenergised and remembered their passion and commitment towards the course and career. They felt motivated and willing to push through again in light of their initial hopes and goals when starting the course. It was important to note that passing through the phases was a fluid process. Once the couple had reached this place, it was a transient process until the couple were faced with another challenging experience.

### **Peer Support**

Peer support was a strong factor in coping with the course and its demands. Although trainees did not discount the support from their partners, the support from peers gave trainees a sense of unity. Partners did their best in understanding the demands and stresses of the course. However their own struggles and agendas were entangled within. Peers were able to understand each other from one perspective; the impact the course was having on them and the additional background stressors in their personal lives in trying to balance these demands. Going through this journey with peers meant that trainees did not feel alone with their struggles and tended to use peers as a support when dealing with difficulties they faced at home.

*"... I think (4) speaking about them helps so when we, you know when I get together with (.) others (2) students from the course we can, you know we can relate to each other with that, we help and we understand cause we're all in the same position so I think that, is helpful..."* Trainee 2 (357-359).

Struggling with external pressures seemed isolating when partners were also struggling with the adaptation process the course had brought about. Some trainees therefore experienced guilt in taking their partners and families through the stresses because of their career aspirations. However, peers had a common ground and an understanding of what they needed to face to get through the course. This was a positive experience for all trainees who appreciated being understood. Trainees thus developed a sense of togetherness with their peers, which tended to relieve some pressures in the relationships in expecting partners to fully understand their experiences.

### **Personal Therapy**

Throughout the interviews the concept of personal therapy brought a consensus of it being an additional support. However, the reality in its practicalities for finances, time and priorities, participants' views differed. The process of personal therapy tended to be an additional support for trainees in addition to peers, partners, families and course support.

*"...personal therapy, which we are required to do erm (.) I use it at the moment as a way of containing myself..."* Trainee 1 (245-246).

The notion of 'containing' perhaps indicated a sense of being out of control and unboundaried with the conflictual roles and not wanting stressors to spill-over into the relationship.

*"..., I wanted to start personal therapy erm just to be able to offload and you know, but, erm (.) because of financial constraints and because of Christmas coming up, I just made the f, I just made the decision, that I wasn't gonna start it until after Christmas erm cause I've obviously had to pay all my fees and my insurance..."* Trainee 8 (408-411).

The quote above encapsulated the struggles of the trainee who perceived to have felt pressured to prioritise the needs of herself and the course. This was when being faced with



life events that would demand other resources such as finances and time. Although identifying personal therapy as a positive outlet to 'offload' stressors and burdens, the financial strains and pressures to support the family during the festive period were prioritised. Personal therapy at that time appeared to be an indulgence that could not be afforded at the time.

For partners, the concept of personal therapy also received mixed views. Some partners supported the trainee's use of personal therapy as a way to support them in the struggles in managing their various roles. Personal therapy seemed to be a saviour for some partners as a way to deal with their own guilt and helplessness towards the trainees. This gave partners a sense of relief that the trainees had a space to offload and deal with their difficulties, thus relieving their own powerless states in not knowing how to support the trainee.

*"... I'm certainly glad that she's doing it because I think she has to do it but I think she wanted to do it as felt it was important if particularly (.) you with the kind of issues, cause she'd be facing in like, her, you know career erm and I think it's important I think to have that sort of support as well so I'm glad she's doing it..."* Partner 1 (305 - 308).

The partner saw personal therapy as a positive additional support to help the trainee through a number of the difficulties she was experiencing. Interestingly, in this interview the partner favoured the use of personal therapy and respected the nature of it being for the trainee to use as she wished.

For other partners, personal therapy was another aspect from the course that took away their trainee partners and also reinforced their feelings of powerlessness and helplessness. Having personal therapy meant that trainees were confiding in their therapists about the struggles they were facing. Partners perhaps felt a sense of rejection and

abandonment from the trainees who seemingly found solace in a stranger's office. The scope of this tended not to be so obvious in the data. Although the consensus was positive, for some partners there were underlying nuances of not being able to be there for the trainees and it was another aspect taken away from protecting their loved ones. However, they experienced less pressure to absolve all the trainee's difficulties.

Interestingly, trainees also explored partners' anxieties around personal therapy in terms of their roles being taken away:

*"... was it some sort of insecurities about, why do I talk to someone about my deep fears and anxieties and difficulties but I don't talk to him about them..."* Trainee 5 (841-843).

*"... I think he feels that (2) I may be talking about him or that I'm may be (.) erm (2) talking negatively about him, I think that's one of his worries..."* Trainee 5 (566-567).

Trainees also experienced their own difficulties with personal therapy, although the consensus saw it as an additional support from a therapist with similar experiences. Some trainees experienced resistance to engage in therapy. This resistance was based on fears of being judged on their competencies for appearing to struggle. The fear of being judged impacted some trainees on their use of personal therapy.

*"... I was thinking that like how do I talk about it with the therapist (.) what if this is an issue that you know like fitness to practice and all that you know cause, cause they sign off at the end of the, the end of the year err so it was quite err mm anxious I think erm knowing that there is this duality you know in the room, I'm both a client and a therapist myself..."* Trainee 3 (537-541).

Trainees reached difficulties when using personal therapy to the fullest sense as pressures of judgements from the therapist may have led to road blocks towards reaching the end goal. The double role of therapist and client provoked anxieties and expectations that they *should* be well and coping on the course.

The subcategories discussed within this category, *Acclimatising*, were processes trainees and partners used to reach a point to acclimatise to their new environment with the training programme as a major part of their lives. These processes were a journey of experiences and a trial and error for participants to work through what best supported them individually and as a couple.

This chapter has so far explored each of the categories and subcategories that emerged from the participants' experiences. The themes developed through a process from the initial stages of interviewing towards tuning the process in light of the material that evolved. It encapsulated the experiences of trainees and partners on the Practitioner Doctorate in Counselling Psychology. Following on from this discussion, the development of the emerging theory towards a model shall be explored.

### **Overview of the model with a focus on relationships between categories**

The Figure 1 above illustrates the theory of the experiences of Counselling Doctoral trainees and their partners. It provides a conceptual model of the relationship between the main categories of their experiences throughout the course.

*Towards the light at the end of the tunnel* encapsulates the essence of the experiences of trainees and their partners on the course. The most common feature within the data was the temporary nature of the course, which made living with the struggles that much easier. Participants were given a perspective through adapting to their new situation and were able to recognise the course as a transitional process to a brighter future, for themselves and their family.

## Commitment

All participants conveyed their commitment to embark on this new chapter towards the doctorate. Anticipations were expressed in terms of the stresses they would face. However, the light at the end of the tunnel seemed a bright and consuming picture. A shared understanding was present within the couples who were both filled with hope, apprehension and expectation for a better life at the other end. This led to *preparedness* towards the course for what would be faced on their journey, which proved difficult to fathom at the initial stage.

The impact of this stage reduced when participants began experiencing the changes in their relationships where relationship norms and lifestyles began to shift due to the course. Through their *passion* and commitment trainees focused on meeting the course demands, which began to widen the space within the couple unit. Partners began experiencing the unexpected changes that reduced the intensity of the *pride* and *passion*, which triggered feelings of confusion, stress and resentment.

*Relationship with other categories:* As the course continued, trainees and partners became well entrenched within the confines of the course. Trainees began shifting away from their relationship and towards the course. This triggered feelings of neglect and abandonment in partners. Initially trainees appeared single-minded within their journey whilst still holding onto their *passions*, they continued forward albeit without the partners. This increased feelings of *stress* in partners when having to unexpectedly *sacrifice* parts of their lives to fit in with the new lifestyle. Preparedness for the course hoped to set the couple up for facing the journey ahead; however the preparation seemed ambiguous and fell short of the realities they experienced. Participants perhaps did not know how exactly to prepare for the emotional demands of the course. However, they could have been more prepared for the decreased

finances and that the trainee would be focused on the course. This realisation appeared to shift the couple towards experiencing the actual *stresses* and *sacrifices*.

### Stressors ↔ Sacrifices

All participants described a similar narrative about the stressors and sacrifices they faced: *time; finances; the relationship; the competency* of their skills; and the *strains* in changing *roles*. *These* impacted upon them as individuals and as a couple. Participants shared struggles in coming to terms with these stressors and difficulties in adjusting to the changes. At this point, participants appeared to be in a doctoral stupor in going through the motions as they faced challenges. Aims to release pressures and struggles seemed a stretch too far, putting strain on the relationship and widening the couple unit.

*Relationships with other categories*: this category fed into all the categories with particularly strong links with *guilt* and *acclimatising*. The impact of the stresses experienced directly triggered feelings of guilt where trainees felt responsible for the negative changes they had brought on the partner and the relationship. As partners were *witnessing the struggles* of the trainee and also experiencing their own changes, they experienced resentment for not having control of the shift that was occurring and guilt for not supporting their partners through the difficulties. All participants experienced this stage to its fullest and reflected negatively on this process, however without going through this stage it appears the process of *acclimatising* would have been delayed or caused major ruptures in the relationship.

### Guilt

Guilt encapsulated the experiences of all participants in witnessing the other go through struggles and not having the abilities to support or take away the cause of stress. This

triggered a feeling of *powerlessness*. Participants were also ingrained in their own difficulties which were driven by feelings of resentment for their situation not being understood by the other and isolation in their own emotional worlds. Trainees were plagued by the *inner voice* presenting them with guilt-loaded ultimatums to focus on the course. Guilt played a role where the realisation of the other's turmoil and impact on the couple unit became apparent.

*Relationship with other categories:* guilt appeared as a bridge between experiencing the *stresses and sacrifices* and the participants being able to acclimatise to the new situation. Having experienced the uncomfortable feelings of guilt, being hounded by the inner voice and a sense of powerlessness, trainees took this point to actively take control of the new situation which was also a reflection of the partners' journey. At this stage those who appeared to have less support and more pressures such as children tended to have a longer journey over the bridge and perhaps re-experienced stressors until they were able to continue forward to acclimatise.

### Acclimatising

Despite the challenges faced when experiencing the stresses, participants described their ability to accept the shift in lifestyle and acclimatised to the new situation. This was a process experienced together as a couple and individually where acceptance of where they were was understood and a common goal to bring back focus onto the relationship. Partners all supported in *grounding* trainees and provided reminders of the transitional nature of the course. Participants worked to build motivation and encouragement to continue onwards to get to the light at the end of the tunnel. At this stage more emphasis was on partners to bring the trainees out of the doctoral stupor. Trainees responded in negotiating towards a balance between course commitments and relationship, which was an active but mandatory process in striving for equilibrium. *Peer support* and *personal therapy* were mainly for the benefit of the

trainees to touch a common ground with others experiencing similar difficulties. At this point partners may shift back into *guilt* when perceiving to have their caretaker role given to a therapist. Perhaps this role was given by the partners readily to unburden them or that trainees made this transition more clearly to release burden on the partners.

A positive narrative was identified at this stage with the need for participants to think of the bigger picture and work *towards the light at the end of the tunnel*. Despite the difficulties that were ongoing, the course was a transitional process that would need adaptations from all to survive the doctorate. This sense of pushing through the challenges enabled participants to work *towards the light at the end of the tunnel* and be reminded of the transient nature of the process. This again reignited the passion for the course and the fruits that were waiting at the end leading to a brighter future for the trainee and the couple unit. The couples were inspired and built windows of strength to work towards balancing in their current situation. Participants never reached an actual balance over the course; however a choice in making priorities at specific points were consistently renewed.

*Relationships with other categories:* the positive narrative from this category reenergised participants and reminded them of the initial steps: their aspirations, commitment and future goals. As participants worked to acclimatise to the new situation they were also reminded of the journey they had come through when experiencing the difficulties. This presents a fork in the road, for those who fully embrace the new lifestyle, in all its highs and lows, and safely pass through the cycle until the next crisis point. For those with less support in building perspective, they may be prone to shifting back though the cycle and become enmeshed in the stressors.

This theory of stresses and coping over the doctorate programme worked in a circular fashion. As with the model in Figure 1, participants revolved around the cycle throughout the

course. It appeared that the pace and time within each phase was dependant on the strength of the couple unit, which determined how well they worked together to face the new situation. Whether the couples had children appeared to have a strengthened impact of the stresses and the pace of going round the model was slower as there were more adjustments to be made.

### **Factors impacting the movement through the theoretical model**

Having children provided greater difficulties in finding ways to cope with the change of circumstances. The couple and especially the trainee seemed to experience more stress than those with no children. The intensity of guilt, financial burden, role strain and impact on the relationship was higher for those participants with children who had others who were dependent on their consistent support. Trainees felt they were neglecting these responsibilities as a parent when having to meet course demands.

This affected couple dynamics and impinged on quality time together as a couple where they had to factor in care for children. Not only were trainees neglecting relationship needs but to some extent the familial needs, especially during course hotspots such as deadlines where time and efforts were devoted to the course. Most partners interviewed were male, which may have influenced the couple's process in reaching the elusive equilibrium when childcare responsibilities were 'dumped' on them. This may be a different experience for female partners who may be more likely to fit into their roles as carer than male partners who may be perceived as breadwinners. This in turn brought *role strain* on some partners who were merging roles with the trainee.

The acclimatisation process is strained further when bargaining with time is split even further or perhaps priorities are made over children, which can leave quality time for the relationship at the bottom of the pile. This could therefore further increase the widening of the couple unit. The transitional period of the course was also a source of strength for those



participants: that to reach the end goals they would *all* need to sacrifice and experience difficulties.

There were also differences in whether the couple lived together or apart. Those living together experienced more depth of the changing dynamics within each phase as the journey tended to incorporate the whole couple unit. On the contrary couples who lived apart seemed to experience less depth but tended to use their couple time as a coping strategy as opposed to both of them being fully entangled into the doctoral happenings. Having time apart seemed to lessen the burden for the trainees to spend time with their partners and for the partners who felt less pressure and attachment to the trainee and the course.

Alternatively according to the theory presented here those who volunteered to take part in the study may in fact have been in the *Acclimatising* and *Commitment* phase of the cycle: whether at the beginning of their journey or perhaps they had rotated a number of times and are back in the *commitment* and *passion* phase. Those who did not take part therefore may have been fully entrenched in the *Stressors* and *Sacrifice* and *Guilt* phases of the cycle where witnessing and experiencing the struggles were at a high. Therefore, perhaps taking part in the study may have reinforced their struggles they were already experiencing. If this was the case, participants may have already developed resilience and helpful coping strategies to maintain their relationships whilst accepting the difficulties they were still moving *towards the light at the end of the tunnel*. It may also be likely that only couples with a strong foundation came forward to take part in the interviews and who were able to reflect on their experiences. Others may have split up from their partners as the result of not coping with the demands and stresses and were perhaps less likely to respond to the recruitment advert.

Due to the continuing movement around the phases through the model and the point at which the participants are within the model, it was decided that member checks would not be carried out. Each interview with each participant was undertaken at a place in time relevant to that individual and participants willingly chose to take part in the study based on their state of mind and current experiences of that time. By doing member checks at later date may have influenced the data due to their different perceptions according to the phase they were in at the time of member checking. Moreover, although member checking is an important factor invalidating the researcher's interpretation of the data had actually reflected the participants' experiences in qualitative research (Seale, 1999). In Grounded Theory, however, member checking is built into the research process itself through the constant comparative analysis, theoretical sampling and continuous adaptation of the interview schedule. The notion of member checking is therefore applied in a different way: compared to the mere checking of transcripts and research findings after the analysis has been completed, member checking in this research is completed within the data collection and analysis process which perhaps strengthens the data (Elliott & Lazenbatt, 2004).

### **Relationship Growth**

It is interesting to note, although the analysis explores the negative impacts on the relationship from the demands of the doctorate, some of the participants expressed relationship growth. Relationship growth was an aspect that trainees and partners experienced. Such growth is perhaps a result of the awareness of their resilience when adapting to their new life style. Whilst acknowledging the difficulties and struggles, the couples worked through and built an adapted version of their lives to manage the course.

"... so I think in the sense of, her course (.) that has helped our relationship to be stronger and more co, communication, teamwork, which has always been there, but even more so..." Partner 5 (246-248).

Perhaps couples are pushed to the brink when faced with the doctorate course; both trainee and partner experience each other's stresses in addition to their own. The sensation of overcoming, surviving and developing a newly adjusted life for the time being may provide a message of strength and closeness within the couple unit.

### **Travelling through the Theoretical Model**

The general path through the model seemed to be a journey, which encapsulated the experiences for all. However the pace of travelling through the model was dependent on circumstances of the individual. This may be a predictor for trainees and participants who become stuck in the *stresses and sacrifices* and may lead to decisions to leave the course or take time out until their commitment is reignited and stressors have subsided. Trainees and partners who are able to communicate and provide positive coping strategies in understanding the other's predicament are more likely to respond and work together to overcome these obstacles. When a life event occurs, adding additional demands onto the couple unit may cause them to move back through the model towards the stresses and sacrifices until the demands are perceived to have reduced and they are able to move through the phases once again. This model provides awareness for trainees and partners embarking and those who are already on the programme of the potential phases they may face over time. Predictions can also be made where couples would be able to highlight phases they become fixed in such as *stressors and sacrifices* and *guilt*. Those caught up in this phase may be able to navigate through to *acclimatising* in their new situation based on building an understanding and working together using coping strategies highlighted to maintain the

couple unit. For couples who are able to manage this process and work through the phases may allude to growth in the relationship and better management of encountering stressors impacting upon the relationship. For those who struggle with this awareness, and become fixed within the process of the model, may lack the ability to see the transitory nature of the course and therefore lead to relationship breakdown and alienation from the other.

Although this model appears cyclical, it is important to acknowledge and appreciate the individuality of trainees and partners and couples. Participants are undergoing the process in a different way and will be appraising the circumstances according to their experiences of the world. The model hopes to encapsulate a general understanding of the process however, offers the flexibility to move through, back and across the phases.

This theory is relevant to potential students, who will embark on the process, and the academic and professional provisions related to the training. It provides awareness and understanding of the potential processes they may experience and how adjustments can be made. It will help to prepare students who are in relationships to potentially manage the changes in goals, plans and aspirations in the relationship, in light of the training. It will also provide partners with the awareness of their roles within the model taking into consideration their value towards *acclimatising* the new experiences for the couple.

## **Chapter 4: Overall Discussion- The journey towards the light at the end of the tunnel**

The aim of this mixed-methods research was to explore the experiences of Counselling and Clinical Doctoral Trainees' and their partners' understanding of the impact of the doctoral course on the couple unit. Previous research has focused on postgraduate courses outside of the UK, leading to difficulty in generalising their findings due to their varying course structures, demands and curriculum. They also focused on trainees' experiences resulting in the impact on their partners being neglected. This mixed-methods approach provides a unique insight into trainees' experiences and those of their partners with a multifaceted view of the impact of stress and dyadic coping on relationship satisfaction. The processes underlying the overall stressors and coping mechanisms by the trainees and their partners were explored by comparing participants from two similar yet distinct professions in psychology in the survey study. The Grounded Theory study provided trainees and their partners on the counselling psychology courses a voice to their experiences. The researcher has taken an active approach in providing their interpretations of the participants' experiences towards developing a theory grounded in the interview data.

The survey study aimed to highlight factors in the relationship between stress, relationship satisfaction and coping. Results highlighted that communication of stress and the length of relationship predicted increased relationship satisfaction. Number of children that the trainees had reduced the level of relationship satisfaction reported in the regression analysis. Unfortunately due to a small response, only trainees were included in the study. Therefore whether or not these three significant factors would still predict the level of relationship satisfaction in the trainees' partners remain to be investigated in future studies.

Existing literature has focussed on quantitative accounts of trainees' experiences of doctoral courses outside of the UK. The voice of the partners in particular has been at the

forefront of this study to highlight the holistic experience of the counselling doctorate. The Grounded Theory method provided a framework in which to develop an explanatory theory of the meaning behind participants' experiences of embarking on or supporting the journey of the doctorate course in counselling psychology in the UK. The voice of the trainees' partner particularly compensated what the survey study was unable to achieve. The theoretical model *The Journey Towards the Light at the End of the Tunnel* provided a view into the complexities of how couples experience the counselling doctorate course as they meander throughout the phases of this theoretical cycle. As the model depicts, their journey consisted of moving through a range of obstacles presented by the course which brought about dramatic shifts in the couples' lifestyles. The central story, being able to visualise and being guided by the end point of the journey, encapsulated the process in which the couples begun to experience the stressors and move towards *acclimatising* to their new lifestyles and experiencing growth both personally as a trainee and also growth within the couple relationship.

The experience of stress not only directly impacts on the individual, but it can also spill over into couple relationships; thus it should be conceptualised as a dyadic experience (Bodenman, 2005; Epstein & Baucom, 2006). The mixed method approach in this study is therefore advantageous as it provides empirical data alongside qualitative interviews to corroborate and expand the inquiry (De Lisle, 2011). Within the applied sciences paradigm researchers are faced with understanding and explaining the complexities of social phenomena, which are not easily conceptualised in simply quantitative or qualitative methodologies alone and may therefore require a multitude of investigative tools (Greene, 2008).

This study however, is well placed within the epistemological tensions of mixed-methods studies and is argued that full integration of the approaches is difficult and may lack

rigour (Bazeley, 2004). This raises issues around sample sizes for both methodologies in being able to achieve saturation and enough data to form solid inferences (Bryman, 2007). It is therefore important to bare this in mind with the current study as there were issues in collating sufficient sample sizes in the survey study. Unfortunately partners were omitted in the analysis due to low numbers. Likewise in the Grounded Theory study, clinical trainees and partners were unable to be included due to no responses throughout recruitment. It is important to bear in mind the pitfalls of this study in recruitment, however to value its genuine attempt to provide a synthesis of approaches to explore this phenomenon.

The survey study highlighted the averagely high stress levels reported by trainees in both disciplines compared with comparative professional courses. Research into caring professions has been found to take its toll on professionals such as compassion fatigue, burnout and vicarious traumatisation (Kardatzke, 2009; McCann & Pearlman, 1990). Professionals working with clients going through trauma are likely to be impacted emotionally and psychologically as they are invested in their clients, building strong therapeutic relationships. This can lead to an infringement of working ability (Trippany et al, 2004), preoccupying the minds of the professionals, which can therefore have an impact on their familial relationships and roles (Collins and Long, 2003). Fully qualified professionals however, who might feel more established and more in control of their career, free of demands from the training, and sound supervisory, and personal development structures, may experience this differently and report less impact.

The research provides valuable insight in understanding the experiences of the training process with a wider view to supporting perspective trainees and families to be aware of and prepared for the journey ahead. It provides a detailed picture of the processes couples experience throughout the training and how they overcome obstacles faced on the course. Participants who undergo a transformational process and face changes which can be painful

but not necessarily negative, can achieve personal growth throughout this challenging process. The impact of communication and positive dyadic coping styles can help to manage this transitional process. Perhaps with this understanding and the prior support in developing thoughtful coping mechanisms will provide couples with greater odds in managing the transitional process of the doctorate.

This chapter shall focus on discussing the findings in relation to existing literature. Limitations and implications of the findings will be looked at as well as suggestions for future research.

### **Stress in Doctoral Studies**

Previous research has focused on the impact of further education on individual students' experiences and considered their coping strategies in managing the issues that arise. What has often been neglected is the spill over impact on their families and, in particular, on partners who witness and undergo a transitional process alongside the trainees.

It is readily known that students in postgraduate programmes experience significant stressors including finances, role changes, time constraints and impact on personal relationships (Millon, et al, 1986; Gerstein & Russell, 1990; Cushway, 1992; Kumary & Baker, 2008; Martinez, et al, 2013; Osterlund & Mack, 2014). As Hadjioannou, et al (2007) assert "*doctoral work is challenging on a variety of levels, stretching often excessively, the minds as well as the emotions, the stamina and the finances of doctoral students*" (p. 160). Students anticipate the obstacles ahead when embarking on doctoral courses however the reality does not seem to compare with the expectations (Silvester, 2011). Silvester likens this process as being in a Tardis, an entity being bigger on the inside (the reality) than what is seen on the outside (expectation); a way of life that becomes a part of the trainee and develops a life of its own. This proves to be a clear observation in this study where the



trainees and partners have described the course dictating their personal lives to fit within the realms of the course. Obstacles were anticipated; however, not to the extent they were actually experienced. The survey study highlighted that counselling and clinical trainees reported higher stress on average compared to comparison groups, thus suggesting particular impacts of the processes related to the course.

Much of the literature reviewed previously has been conducted outside of the UK raising concerns for their applicability towards doctoral course in the UK. Brailsford (2010) rightly acknowledges the impact of PhD studies and students on PhD courses navigate through stages over the course from initial motivation and engagement towards reaching the end goal. His focus lies on concerns over student isolation, which can be the cause of rising attrition rates. This is similar to all participants in the Grounded Theory study who navigate through the stages of the model from commitment through to acclimatising at varied timescales depending on their needs and dyadic coping. A story of isolation appeared throughout not only for trainees but also for the partners who were experiencing struggles within the transition and adjusting to their new lives. It is noteworthy that the structure of PhD programmes is profoundly different from that of Professional Doctorates. Interestingly, professional doctorate students in the UK have more interactions with other trainees on the taught element, which is different in nature compared to PhD students, who rarely have regular taught classes as a group. This research highlights the importance of peer support to doctorate trainees, yet their reported isolation is similarly echoed in studies with PhD students.

Previous research into History and Chemistry doctoral programmes highlight the process of isolation, in entering the courses and expecting to figure things out on the way (Gardner, 2007). Gardner (2007) conceptualises the socialisation process in developmental stages including Anticipatory, Formal, Informal and Personal. Students learn new roles and

procedures and tend to follow directions and seek support within the course domain. This is true of this study whereby trainees enter the course with commitment to succeed: they look towards the course to seek support, reassurance and guidance. Role expectations are revealed and trainees begin to fall into these expectations as trainees (Gardner, 2007). This research has shown the development of gaps in personal relationships causing feelings of abandonment by their partner and friction within the couple relationship in this research.

Towards the final stage of the course, the trainee begins to relinquish former ways to new roles and identities. These have been developed and internalised through the doctoral training and socialisation process. The socialisation process is seen as important for the trainee to learn what is expected and to succeed (Gardner, 2007). However, this assumes that the trainee must fully subsume into the doctoral role in order to succeed; this begs the question as to where it leaves the partner. This could lead to alienation and isolation for the trainee when balancing demands from the course whilst maintaining their relationships (Giles, 1983; Lovitts, 2001). This research highlights that as trainees develop their new identities, partners are left behind to deal with the consequences such as less time with the trainee, increased household and childcare demands whilst also adjusting and building on their own lives to fit in around the trainee (Giles, 1983).

The survey study revealed that in comparison to other studies based on postgraduate students, the trainees' perceived stress was considerably higher in this UK based study (Kardatzke, 2009; Meier et al, 2012). The processes of balancing the course and time in the relationship were a source of stress for trainees, which were constantly mixed with feelings of guilt when not being able to focus time for either area. Partners dealt with the stressors of balancing feelings of resentment and pride, which fed into their own feelings of guilt when not being fully supportive to trainees but also reminiscing life before the course.

Research has also confirmed other pressures such as finances, which differ depending on their point in life when they enter the course. Doctorate courses tend to enlist mature students who are more likely to have young families; on the verges of settling in relationships; or have fully developed families; and are taking time out for their careers; and face decreased incomes (Sudol & Hall, 1991; Kluever, 1997). The trainees are forced to make changes in their lifestyle to fit their budget alongside the course (Giles, 1983). Finances were an issue for all trainees in the Grounded Theory study who were faced with the financial burden of the course: choice of shopping and how they socialise made an impact on their lives. This spilled over into the couple unit where families were then living with a significant decrease in their finances. Partners expressed feelings of resentment towards the changes being dictated by the course. Trainees were found to bargain with their time and money to fit within their new lifestyles.

They also bargain with themselves and their partners to engage in time for the course and as a reward spend time with their partner or socialise. This bargaining process went on both internally and externally with their family so that the time engaged in working on the training course would be rewarded with time spent together or socialising. This was evident in Martinez et al (2013) where trainees expressed making trade-offs with time with family, finances and time for self. As Gold (2006) argues students always face dilemmas of family, socialising and coursework but regardless of what choice is made as there would always be an important issue being neglected or not chosen. The *inner voice* made these choices difficult as they experience *guilt* towards whichever choice not made.

### **Impact on couples**

It is well known that these stresses can undoubtedly spill over into the couple and family unit and impact on the quality of their interactions. However, the nature of such

impacts on partners is rarely explored. This study illuminates this reality where partners are also a part of doctoral journey adapting to the changes it brings about.

Previous research has indicated stresses on couples in terms of time constraints, finances, role strains and pressure on their relationships (Day & Chamberlain, 2006; Martinez, Ordu, Della Sala & McFarlane, 2013; Osterlund & Mack, 2014). This research has highlighted the impact of time left for the couple to spend together after trainees devote their time on meeting the demands of the doctorate. In managing their own stresses on the course, this takes them mentally and physically away from their partners. As Day & Chamberlain (2007) identify in their study of work family conflict in nurses and police officers; increased work-spouse conflict causes decreased spousal commitment. Partners are more likely to be shifted to the sidelines when stressors from work increase, which demand more of their time and are more likely to have to sacrifice their social lives and express resentment (Pederson & Daniels, 2001). This bares truth to the participants in the Grounded Theory study who expressed that experiencing more stress from the course led to difficulties in the relationship in terms of time which negatively impacted their relationship satisfaction. Partners were left feeling helpless and powerless in this medley of stress leading to gaps in roles as a couple (Hyun, 2009; Pederson & Daniels, 2001).

The survey study however, highlights that communication of stress, living together and having children all impact relationship satisfaction from the trainees' perspective. This suggests a different perspective to findings of the Grounded Theory study in that more time devoted to the course and other commitments leads to strains in the relationship. It is noteworthy however, that the survey was not able to gather sufficient data from partners which may have influenced the findings and perhaps trainees' ideas of what develops relationship satisfaction may be a different interpretation to their partners.

The demands of competing roles caused additional stressors for trainees and their partners. Trainees are faced with pressure to have successful careers and home life (Hammer, Allen & Grimsby, 1997; Lundberg & Frankenhauser, 1999; Haynes, Bulosan, Citty & Grant-Harris, 2012; Lasode & Awote, 2014). Trainees faced more time dedicated to the course, leading to increased neglect to home life and partners. Partners were left facing increased roles at home and experienced mixed feelings of resentment and guilt towards the trainee in having to take up extra roles yet sympathising with their additional stresses and expecting too much of the trainees (Pederson & Daniels, 2001; Day & Chamberlain, 2006).

Previous findings corroborate with this research: throughout the journey the participants face modifications to their roles. Trainees who were parents to young children were faced with additional stressors in their roles to be an academic practitioner and a parent, which often led to dissatisfaction in both roles. This also led partners to take on more caretaking roles, which again enforced feelings of resentment and helplessness of the situation (Hayes et al, 2012). This is clearly demonstrated in the survey study that highlights factors of having children negatively predicting relationship satisfaction. Participants experienced role expansion: trainees received the addition of student role on top of their other roles and partners expanded their roles in the home. This brought on insecurities within the trainees and partners and both perceived lack of structure in their home life (Gilbert & Rachlin, 1987; Mallinckrodt & Leong, 1992; Lasode & Awote, 2014). Divestiture occurred, which involves losing a sense of self within all the competing roles and trainees tend to believe that being a student is their life and the doctorate has changed the person they are (Hayes, et al, 2012). The Counselling Doctorate is a rigorous course with academic, practical and personal demands and requires an enormous sacrifice for its takers. Partners were taken along this journey somewhat unknowing of the sacrifices imposed on them. Yet trainees and partners must gain in some way to justify these sacrifices. Perhaps the guilt they experience

may be confounded by their interest and *passion* for the course. As they grow in confidence and skills, their passion is continually revived as they pass through the phases of the model.

There is a skewed gender distribution on the counselling courses with a majority of female trainees, whom could give into tensions arising from more traditionally defined gender roles within the family unit. Traditional gender-roles suggest males as breadwinners and women as nurturers (Lease, 2003). The training may reinforce the role as breadwinner in some female trainees. The training may reduce the time and capacity for the female trainee to be the 'nurturer' at home whilst more time is contributed towards the course. However, there have been shifts in social norms where males and females are placing high value on work and family roles with many households with dual-earners (Gordon & Whelan-Berry, 2005). As the gender roles continue to shift there tends to be a struggle in finding equality between the roles. The Social Exchange Theory (Homans, 1961) postulates equality within roles arguing that power is increased with more resources brought into the relationship. Therefore spouses earning less money are expected to be more responsible for housework. The doctorate may challenge this as trainees are not providing resources in the short-term when more time is invested in completing the course, leaving less time for housework and in turn leaving some expectations for partners to take on this role. However, in the long term there is potential for trainees to equally provide resources into the relationship once qualified therefore, perhaps this sense of long term gains provides motivation and encouragement for the couple.

On the counselling doctoral programme, most trainees would be classed as 'non-traditional' students with additional responsibilities such as families. With the additional role as students, this can lead to feelings of insecurity and increased anxieties in the loss of structure accustomed and normality in their lives (Haynes- Burton, 2008; Lasode & Awote, 2014). Not only did this impact the trainees, as conveyed in previous research, partners in this study expressed this loss of structure and insecurities as they also developed and extended

their roles and to some extent experienced a loss in roles as protector to the trainee. Partners, who were generally male, fell into this protector role more so when the training commenced as they provided more resources such as financial and psychological support in the relationship. A shift in their roles occurred when the functions and strengths of these changed such as increased financial dependency as the breadwinner and decreased ability to emotionally support the trainee.

In the model, the factor of having children introduced different dynamics when time for the relationship was more likely to be neglected where childcare issues are concerned. The increased pressure on the relationship with additional childcare issues was echoed in the survey study, wherein having children negatively predicted relationship satisfaction. Subsequent childcare roles change further affects the dynamics within a couple when balancing time between the partners and care for the children conflicts. Female trainees who had children reported that managing the shift of roles as mother and trainee was a difficult experience, adding pressures to maintain the mother role in the midst of being a student. Partners struggled with this shift which may be a result of gender-related roles. Research into doctoral students with children argues that women with children are more likely to be perceived as warm over their competency as a trainee (Holm, Prosek & Godwin Weisberger, 2015; Trepal, Stinchfield & Haiyasoso, 2014). Males with children, however, are likely to retain their perceived competence whilst gaining warmth. Being a parent changes the perception of a trainee's competence and personal quality, which can be skewed by the trainee's gender (Cuddy, Fiske & Glick, 2004; Trepal et al, 2014). Therefore female doctoral students with children are perhaps impacted further by competing for resources and professional opportunities with trainees without children whilst maintaining their couple and mother-child relationships. Research has also identified a need to support female doctoral students with children in developing effective coping strategies (Haynes et al, 2012) and as

with the Grounded Theory study it was identified that there was no ideal balance in managing the multiple priorities.

The survey study also identified the negative impact of having children which significantly predicted relationship satisfaction. This suggested that increased personal responsibilities could potentially take time away from the couple relationship. Again, caution should be taken as this view also accounted for clinical trainees who did not have children which therefore introduces some difficulties in simply joining the findings of the two studies together.

### **Dyadic Coping**

The analysis conveys the impact of the couple's individual journey through the changes but also coming together and entwining their experiences with each other through communication of difficulties and alternative perspectives.

The Counselling Doctorate programme causes a number of stressors both directly and indirectly to the trainee y, which is spilled over into the couple unit known as a dyadic stressor (Bodenman, 2005). Partners experience their own stressors when the trainee begins the course. The role of stress can be detrimental to the relationship. Yet is highly dependent on how the couples cope when faced with the stressful experience. As indicated by the findings of the survey study, communication of stress and positive coping lead to increased relationship satisfaction.

This research found that partners tended to experience feelings of powerlessness and helplessness when witnessing the trainee experience the stresses from the course. A process occurred where partners reacted to the stress signals from the trainees and supported them in the best ways they could offer, be it taking on household duties or trying to change the focus



of the trainees' attention from the course. This coincides with the Systemic-Transactional Model (Bodenman, 1997, 2005) that conceptualises the notion that partners cope both individually and as a couple unit with their trainee partners. The individual process as understood by the Transactional Model of Stress (Lazarus & Folkman, 1984) suggests how one partner (the least stressed) provides support to the other (trainee). A communication process of stress occurs where each partner communicates their stresses in the hopes of receiving support in return. As shown in this study, this communication of stress can be direct when asking for support and indirect where the partner observes and interprets the trainee's behaviours suggesting need of support.

This research explored various aspects of dyadic coping where partners would try to emotionally deescalate the trainees' worries by discussing issues with them. Partners would also offer alternatives and provide welcome breaks for trainees to engage in couple focussed activities. Additionally, partners would try to lift any unnecessary burdens on the trainees such as household chores, child care and general household activities to ease their stresses outside of the course. This process corroborates with previous research where supportive dyadic coping entails helping the partner cope with daily tasks, reframing the problems and providing empathic support. The partner also conveys their belief in the trainee (Bodenman, 2005; Bodenman et al, 2006). Many of the partners in this study provided supportive dyadic coping towards the trainees. For the partners, offering practical advice and support appeared to be the most common way to be there for the trainees, which perhaps was a visual way of showing they were supporting them. This may have helped to reduced partners' feelings of guilt and helplessness as it meant they too were actively doing something to help in the situation. Common dyadic coping was witnessed towards the latter part of the cycle where trainees and partners communicated their feelings and were then able to indulge in more time together as a couple, albeit with the inner voice hounding trainees to get back to work. This

need for communication was also evidenced in the survey study where communication of stress significantly predicted trainees' relationship satisfaction. Within the isolation experienced by the participants, those who struggled with their sense of identity and roles tended to opt for delegated dyadic coping where they were specifically asking the other for support. This trend was more specific to those with children who had more demands to compete with. It was clearly articulated in the interviews where trainees and partners communicate their stresses through verbal and non-verbal channels. The other is then able to encode the distress perceived and aims to alleviate burdens on the other, a process akin to Bodenmann's (1995) Systemic Transactional Model.

This corroborates with Giles' study (1983) with married doctoral students and their spouses in that spousal support contributed to healthy relationship functioning and coping as a couple. Spousal or partner support is considered to be clearly distinguished than other social support such as friends or neighbours (Bodenman et al, 2006). Research into protective buffering as a coping mechanism of cancer patients and their partners also highlighted the vital role of partners.

Protective buffering is where one partner aims to alleviate or relieve the pain of the other by minimising worries hiding your own thoughts and worries to shield the partner from distress and also inadvertently themselves from the distress. Research has found that caregivers tended to buffer patients more perhaps due to them being focused on their illness and treatment (Bodenman et al, 2006; Langer, Brown, Syrjala, 2009). Some partners in their research engaged in protective buffering through participating in more household tasks as a means of avoiding arguments and hiding their own emotional distress (Coyne & Smith, 1991). In doing so, those who protected their partners were themselves less satisfied with the relationship. Patients also reported to buffer their partners however, not as much as caregivers (Langer et al, 2009). Similarly in this research, partners tended to buffer more towards the

trainees in this research, at times shielding them from the reality of their own struggles and steering the trainee's minds from course based issues towards couple activities. This might result in spending time together in some occasions. However, some were not able to communicate their own emotions regarding difficulties in adjusting to lifestyle change and sense of being neglected or resentment. On the other hand, acknowledging the dyadic experiences of the *stresses*, enabled the couple to move towards *acclimatising* to their new situation, to 'grin and bear' the situation and to cope together in the best way possible. This in turn, reinforced the trainee's *passion* and *commitment* towards the course and future goals.

An interesting finding highlighted that although participants conveyed negative experiences throughout the training period, some reported a sense of increased closeness and strengthened relationship. This is evidenced in the literature where facing challenges as a couple and overcoming the stresses together can bring a sense of achievement and togetherness (Kardatzke, 2006; Story & Bradbury, 2004). Research by Shaefer & Moos (1992) explores this notion of stress-related growth including enhanced relationships with others, better self-concept and new or improved coping strategies which are highlighted in the Grounded Theory that some partners noted that the relationship strengthened. An increase in empathy may result in improved relationships with others (Park, Cohen & Murch, 1996). Understanding the struggles of each other in the couple unit perhaps leads to overcoming these enables the couple to adapt to their situations which may enhance a sense of togetherness. Perhaps having the mutual goals and expectations of how the end of the training may change their lives was a driving force for the couples. Through witnessing the struggles and aiming to reach a balance, the ultimate goal became *the light at the end of the tunnel* through which the couple could work towards together. This became their shared journey appearing to override the obstacles and give perspective into the training being a means to an end.

## **Personal Therapy**

The Division of Counselling Psychology in the British Psychological Society requires trainees to undertake a number of hours of personal therapy to develop interpersonal skills and the self (Woolfe, 1996; Grimmer & Tribe, 2001). Previous research into the impact of mandatory personal therapy is mixed. Personal therapy can be damaging to the trainee in the early stages of training where they become preoccupied with their own emotional worlds (Greenberg & Staller, 1981). There are financial pressures to fund the therapy in addition to paying for the course fees while some pragmatically continue with a view to just pass the requirement. However, contending research suggests the benefits of personal therapy building self-awareness and providing first-hand experience as a client (Macaskill, 1988; Woolfe, 1996; Woolfe, 2006).

The results of the Grounded Theory highlighted a picture of mixed feelings. Superficially it appeared that partners were supportive of personal therapy and understood the reasoning for trainees to have this space. However, to some partners, this was seen as a part of their roles being taken away. This issue was articulated more by trainees than the partners in the interviews. Some highlighted an observation of their partner's anxieties of being the focus of their therapy. This could potentially cause more friction between the couple adding to the widening of the couple unit. Kumari (2012) found that mandatory personal therapy can be a valuable experience for personal and professional development. However, the resulting additional stress was also noted in the current study such as finances to fund personal therapy would also mean less time and resources to spend with the family as well as frustration in being forced to have therapy.

Trainees highlighted feelings of being judged by their therapists and fears of being questioned over their competency that could potentially harm their journey towards

completion of the course. This was a strong feature in Grimmer and Tribe's (2001) study where experience of such fear would increase stress within the trainees. According to the model presented in the Grounded Theory study, perhaps trainees also experienced isolation in having difficulties expressing issues with partners who were already stressed and also to their personal therapists. This may lead participants towards the *stressors/sacrifices* and *guilt* phases of the model.

Trainees are left pondering their experiences and may feel stuck when trying to protect their partners from their difficulties and also feeling stressed for sharing their experiences with a potentially judging therapist. Trainees may also feel guilty for not being as open to their partners. However, they may experience liberation from their personal issues in therapy whilst maintaining their relationship needs without having to burden their partners. Equally, although it was reported partners felt a role may have been taken away, underlying this most partners experienced this sacrifice of support as liberation. It was also liberating when partners did not have to contend with their own adjustment issues as well as the trainees'. Given that the reported stress level was similar between the counselling and clinical trainees, with no immediately apparent influence from their age or relationship status as discussed in the survey study, it is certainly worthwhile to further examine the effects of personal therapy on the trainees' coping and their dyadic coping with their partners in future research.

## **Implications**

The aim of the research is not to frighten off perspective trainees with its findings but to raise awareness of how the experience of completing the course has an impact on not just the trainee but on the couple unit. This research hopes to provide trainees and their families with an insight into building the foundations of structure and support, including good

communication within the relationship and awareness of balancing roles and commitments, to embark on the journey towards their aspired careers. Having these in place and the awareness of the potential obstacles ahead may help to develop on the journey in building confidence to manage *stressors and sacrifices* and may enable prospective trainees and their partners to prepare for the future of the course. It is important to acknowledge the *passion and commitment* for the course through learning new skills and being able to understand oneself better and insight into how people function. Meeting obstacles along the way perhaps dampens this excitement as they work to overcome them.

Recommendations from Taylor (2008) following a review of professional doctorates in the UK (Bourner, Bowden & Laing, 2001) indicated that doctoral counselling courses should achieve a balance between professional experience and academic attainment. Students should also receive active support from placements, employers and tutors, with emphasis on practice, clear guidelines, programme content, and research training. From the experiences of the trainees in this research it appears that not all experienced the wealth of support throughout the training process and support for balancing work/life commitments in particular was a missing factor. This appeared to be a wider issue as participants were recruited from counselling doctoral courses across the UK

The doctorate programmes may learn from this research to provide structured support to trainees and possibly their partners or close relations in developing healthy coping strategies before the survival mode becomes a necessity. Training providers could think about offering support or discussions, sharing experiences and developing support strategies for trainees to engage in throughout the training process. Partners may also be invited to support groups to share common experiences with fellow partners and family members. As the study found, partners tend to feel isolated when supporting and encouraging their trainee partners to succeed whilst managing the adjustments within the relationship. Having a forum for partners

may provide a collusive aspect for them to feel involved and be heard, which could be provided by an external organisation. If the training institution were to provide this forum, perhaps this may increase strains on the teaching departments to provide additional support not focused on the trainees. A formal organisation may offer time dedicated to partners and families which will relieve pressure for training institutions to focus time on this.

As communication is shown to play a diligent role within the couple unit, working on this aspect can support couples in maintaining relationship satisfaction and mutual understanding for each other's experiences (Osterlund & Mack, 2014). However, not all relationships, romantic or any other, survive the journey. Many trainees, who complete the course, may have gone through a transformation developing a different attitude to life while their loved ones including partners and family may not have, which may create a widening within the relationship (Murray & Kleist, 2011). Therefore relationship breakdown may occur due to the negative aspects of their relationship becoming more apparent after trainees' developing self-awareness, which helps them see what they could not see before. Therefore, relationship breakdown may be beneficial to the individual. However, skills in communicating, positive dyadic coping, self-care and communication are indeed good tools to have regardless of your relationship status. It may be more to do with the trainees getting the balance right whilst maintaining open communication with their partner, therefore, the more self-awareness a trainee develops, the more they need to work on communicating with their partner. Otherwise, the new found self-awareness may risk becoming a kind of self-absorption that possibly contributes to the relationship becoming out of sync between the couple.

The finding on the influences of having mandatory personal therapy, as part of the doctorate training on the trainees and their partners, has direct relevance to practitioners involved in personal therapy. The findings from this study can better inform personal

therapists to provide support for trainees in managing work and life conflicts. The awareness of trainees' anxiety over the feeling of being judged in personal therapy would also be beneficial to the practitioners working as personal therapists.

The cyclical nature of the theory should be highlighted in terms of how trainees and their relationships move through different phases as couple dynamics vary in these times. Trainees strive to achieve their evolving work-life balance and maintain the intricate couple dynamics throughout their training via processes such as bargaining to ensure sufficient time was devoted to the relationship without losing focus on the course. Training providers may be inclined to offer couple's therapy for trainees and their partners, providing skills based interventions and exploratory work towards mutual understanding and coping strategies through this transitional period.

Qualified counselling psychologists can be invited to open days and induction weeks when trainees commence the course. Hearing qualified practitioners' experiences and learning from their process may better enable trainees to understand and become aware of the potential obstacles they may face. This may remind trainees of their end goals and aspirations, reinforcing and reminding them of their *Commitment* to the training. Having visits from practitioners who have gone through similar processes at various points in the programme would also help to move trainees to the *Commitment* phase and perhaps highlight that the end goals outweigh the obstacles, keeping the focus on *the light at the end of the tunnel*. A 'buddy' system can be implemented where newly qualified psychologists can provide moral support and advice to trainees. This could be a separate entity to placement supervisors and course tutors in order to provide a focused intervention rather than supervisors having mixed responsibilities amongst training, assessing and nurturing trainees on the placement.



Research has found the implementation of self-care practices including mindfulness have reduced levels of stress in trainees and prevented burnout, compassion fatigue and vicarious traumatisation (Maris & Maris, 2010). Mindfulness is widely used in psychological therapies to manage distress; focusing on present living and to accept non-judgmentally emotions and thoughts (Brown & Ryan, 2003). Mindfulness has shown to improve physical and psychological functioning of trainees who were able to become more aware of the impact of clients on themselves (Maris & Maris, 2010). Therefore training on mindfulness can be implemented to provide further support. Based on the discipline's ethos, counselling psychology courses are implementing self-care and personal development modules within the training process. Counselling psychologists are scientist practitioners and acknowledge the value of reflexivity and self-care to ensure greater understanding and self-awareness (Ramsey-Wade, 2014). This may support trainees in managing their movements throughout different phases of the model. A focus on personal development and being mindful may help the trainees *live through* their journey on the course. Being mindful can support in trainees accepting arising emotions from the obstacles they face, and also keep in mind their passion to succeed in a career they have chosen. Following their aspirations and being mindful of this could reinforce their initial *commitment* to the training.

## **Reflexivity**

Reflexivity is seen as a fundamental notion that supports the researchers in acknowledging their role and input in the research process and the way findings are interpreted (Russell & Kelly, 2002; Morrow, 2005; Kumari, 2011). In qualitative studies it is vital that researchers recognise their roles within the research process in bringing their preconceived ideas and beliefs into the domain (Harry, Sturges, & Klingner, 2007). In order to be transparent it is essential that researchers can explicitly disclose their biases from their

background, which has the potential to influence the data and the interpretation (Curtin & Fossey, 2007).

The role of the researcher in this process provided a key function in interviewing and surveying participants. The researcher is a current trainee on the Practitioner Doctorate in Counselling Psychology and therefore has an investment within the process. This stance enabled the researcher to gain a deeper understanding of the *stressors* impacting upon the participants. It also enabled participants to feel a sense of understanding and empathy from the researcher who had similar experiences and issues.

For some of the participants, the researcher was a fellow trainee at the same training institution. The researcher had already developed a commandeering relationship with them, making the interview a safe and relaxed experience to disclose information related to the research focus. On the other hand, because of the close relationship between the researcher and some fellow trainees, this may have hampered the research process where participants may have felt self-conscious with disclosing such personal information and equally showing demand characteristics to support the researcher. It was therefore made clear from the outset the intentions and aims of the research. It was acknowledged that Charmaz (2006) recognises that the researcher's position would also be valued and taken into consideration when synthesising and analysing the data. With this in mind, the researcher was able to focus on the interviewing process with the participant and be open to their experiences. Making use of the supervisor added objective interpretations of the data whilst incorporating the researcher's and participants' subjective experiences.

A strength of this research is in its nationwide sample with participants from around the United Kingdom. This gave a variety and provided a broader understanding of trainees' views and experiences across the UK. It strengthened the analytic process as results are not

defined by a particular cohort at a university, but it took a general overview of trainees, contributing to a more inclusive theoretical model with the various and cyclic phases. Recruiting participants from a broader context perhaps overcame the difficulties in interviews, where participants felt more inclined to disclose their difficulties without the fear of being judged.

Overall, the researcher being a fellow trainee added value to the interviews by providing mutual understanding and empathy. Although the researcher recognised their key role, the support of the research supervisor throughout the research process enabled another perspective into the data analysis to prevent the enmeshment of the data and the researcher's own experience..

The interviews however, were able to tell part of the story. This is because the researcher was a trainee and in a relationship thus influencing the analysis. Compared to the earlier positions of Grounded Theory, Charmaz's (2006) take on Grounded Theory was chosen because of the appreciation of the researcher's role as being a part of the world they study and therefore constructed Grounded Theories through the researcher's past and present experiences, interactions and research practices.

As the researcher was a trainee on the Counselling Doctorate, some of the issues disclosed by the participants also shared some resemblance to their experiences which may have biased the analysis and interpretation of the data. This became a challenge for the researcher whilst working towards developing a theory that was grounded in the data. This became a balancing process as trying to maintain Charmaz's ethos in keeping the role of the researcher in mind albeit being careful to not let it influence the emerging theory. There was a risk that the researcher may have overlooked other aspects brought up by participants in the interview that may not have necessarily fit or conflicted with their own personal schemas and

understanding. The researcher was also aware of the self-confirmatory bias and being drawn to data that fit with their understanding. This was an important factor to manage where the use of memos and the researcher's journal supported a process of reflection and by how far the participants and the researcher's experiences were becoming too entrenched. Regular supervision and research peer groups were attended to support the researcher in the process of grounded the data. Challenges were met in the researcher's preconceived ideas of the process being solely a negative process based on their own experiences on the course. However, the use of supervision and reflecting on journal pieces enabled the researcher to break from the view and re-evaluate their initial interpretations of the themes that had developed. Needless to say, this was not a foolproof method. The researcher maintains Charmaz's views of not being able to entirely omit the value of the researcher's experiences towards the data.

This research has hoped to achieve reliability in representing and theorising participants' experiences in a more dependable and credible piece of research (Lincoln & Guba, 1985). The researcher's familiarity over a two year span and personal connection as a trainee and in a relationship has provided a prolonged engagement which has assisted in understanding the participants' culture (Lincoln & Guba, 1985). Using the research supervisor and discussions with peers supported the analytical process.

This research process has also achieved a triangulation of data where participants were recruited nationwide and from various points in their training journey in both the interviews and survey which spanned the UK. Although this can be seen as a limitation whereby participants recruited in the same point in the training programme may provide a robust understanding of those at a particular time in the process. However, it was found in the theory that regardless of their point in the training programme, the cycle that orbited throughout the course was a similar experience for all the participants. Therefore it can be

argued that this observation in fact strengthens this theory, enabling it to be applied to the majority of trainees and their partners on the counselling training journey. The researcher was hearing different versions of similar experiences from the participants, which indicates to some level theoretical saturation. This can posit a degree of reliability in the experiences of trainees and partners.

## **Limitations**

This research acknowledges that the interviews took place during various times throughout the training programme and potentially recruited participants through various points in the model. The participants were fully aware of what was required and the nature of the study sensitively delving into their experiences of the course and its impact on the couple relationship. With this in mind, perhaps only those participants who felt sufficiently stable in their roles on the course and within the couple unit took part in the study or alternatively those who felt this issue closer to heart may have felt the need to participate and share their stories. Whatever reasons behind the non-response, those who did not participate may have provided very different responses that would evoke a very different theory grounded from their data.

There were difficulties in making direct comparisons between and across clinical and counselling trainees and their partners in both studies which raised issues in developing a synthesis which connected the two parts of the study. The collected data could not be utilised to its full extent. A factor that impeded the breadth of this study was the fact that the response rate for partners in the survey study was low making it difficult to compare trainees' level of stress, relationship satisfaction and coping with the partners. This would have provided insight into their perceived levels of stress compared with trainees and would have fed into the Grounded Theory study to explore the depth of the stressors they experienced. Although

partners' views were explored in the Grounded Theory study which provided an exploratory narrative of their experiences, the survey data would have complimented this and provided a foundation to lead the exploration. Potentially valuable insights may have been missed in comparing their perceptions with trainees. This leads to questions around recruitment and being able to access participants and having to rely on trainees to invite partners to take part. The researcher who was also a trainee had direct access to trainees who were also in the same boat and also going through their research processes. Agreeing to take part may be partly due to reciprocity and their understanding of recruitment difficulties. Recruiting partners was perhaps more difficult due to a lesser understanding of the difficulties faced in recruitment. The researcher also struggled with gaining participants for clinical trainees and partners which may have been impacted by the difficulties in accessing programme providers to disseminate recruitment adverts. It may also highlight the lack of communication or synthesis between the two professions.

Stress in counselling and clinical trainees appeared to be more prevalent than in other professional courses. The Grounded Theory study was able to explore the processes counselling trainees appraised their experiences whilst completing the course which provided insight into their averagely high stress levels. Unfortunately this was unable to be achieved with clinical trainees and their partners, whose experiences may have impacted the theory that emerged with counselling trainees and partners. Their addition to the Grounded Theory study may have provided new elements to the processes in the model considering some of the differences in the set-up of the course and their averagely lower age range. Prospectively, this may have evolved into a more complex model depicting their processes and perhaps opened enquiries into how the differences in the programmes had impacted their experiences i.e. the impact of mandatory personal therapy and managing finances etc.

This study, in light of the limitations faced, provided a valuable insight and added to the research area. It has developed a theoretical model, via the means of the survey, exploring perceived appraisals of stress, coping and relationship satisfaction.

### **Further research**

It is the intention of this research to be a gateway into understanding the impact of counselling doctoral training on trainees and their families. Further research may wish to explore the impact on those trainees who are not in relationships or maybe in the process of beginning or ending relationships. This study has focussed on trainees in relationships, which provides an understanding to how relationships might have progressed throughout the model and what factors may predict relationship satisfaction. Research branching out to trainees whose relationships did not last throughout the journey may give a valuable and an alternative interpretation of the factors leading to the ending of their relationships. This direction will give more insight into how the transformative nature of going through the training impacts on the trainee's evolving interpersonal relationships and personal development as individuals and therapists. It is important to understand how the nature of the course and its implications to lifelong changes in personal development, the additional impact of relationships may have ongoing effects.

With the unfortunate turn of events in the data collection process, clinical doctoral trainees were not recruited. However, comparing the experiences of clinical and counselling trainees and their partners may develop a further understanding into if there are differences between these two disciplines and how they impact on the trainees' journey of becoming a professional practitioners. The role of personal therapy in the trainees' development and how they experience the stress from being on the course can be further looked at and explored.

The survey study recruited good numbers of clinical and counselling trainees, but not sufficient data from partners, which may have built a more robust picture in the analysis and fuelled more comprehensive comparisons. Further research could push to access partners to have more quantitative measures of their coping, stress and relationship satisfaction. Having interview data from clinical trainees and partners will also strengthen the theory and allow a smoother synthesis of findings from both studies.

This research has also delved more extensively into the impact of experiences outside of the couple unit to those couples who have children. Focused research into the managing the role strain between trainee, partner and parent may provide greater understanding and a positive move towards management and support. It would also be a valuable extension to focus on the experiences of children and wider familial units. To further validate the model it would be valuable to explore couples from a specific stage of the course to investigate at what part of the model would best fit their situations. As a prediction, according to the model, trainees and partners in the first year of training may find themselves within the *commitment* phase yet also beginning to reach parts of *stressors and sacrifices* phase as they begin to adjust to a new lifestyle. Trainees and partners who are in the middle stages of the course, perhaps experience the *stressors* and making *sacrifices*, however working towards *acclimatising* towards a new way of life. Trainees and partners in the final stages of the training may be manoeuvring around the model at a quicker pace as their finish line is near and thus a reminder of their final goal which may contribute to increase in confidence. However, at this stage the course demands will be increasing including finalising research projects which may mean less time focused on the relationship.

This research provides viewpoint into a *journey towards the light at the end of the tunnel*; a complex yet interesting dance of processes trainees and partners face in adjusting to



a new lifestyle. It presents a need for more attention towards trainees and their wider familial unit and those considering undertaking the programme.

## **Chapter 5 Critical Appraisal**

This critical appraisal will take a linear fashion with the aim to logically present the research process from its conception to the completed project. I shall critically approach the decisions made and provide reflections from my research journal over this time period.

The research process felt overwhelming on top of the academic process as a whole. I had begun personal therapy, placements and meeting academic deadlines and the experience felt like an obstacle course of managing doctoral life and personal life. Undergoing my own experiences in managing the training process and personal life led me to avenues towards a broader perspective of trainees' experiences on the doctorate.

Reflecting on my undergraduate work I focussed on the experiences of living with a Police officer. My dissertation focused on partners of Police Officers and how they coped with the demands of their partner's role. From this early research and my own experiences of the doctoral process I came to value that experiencing a particular role or aspect in an individual's life not only affected the person undergoing the experience but the process also systemically involved a wider unit. I was experiencing the journey of the counselling doctorate. My partner and family were the witnesses and became very much a part of the journey.

I gained an interest in the project that would serve to provide valuable input towards the counselling psychology profession. Previous research up until this point provided little detail of the impact of the counselling doctoral training process on the trainees and their partners. Most research had been conducted overseas, tended to focus on trainees' experiences of the impact in their personal lives and was often a quantitative structure.

While experiencing my own difficulties in maintaining a balance with the course demands and my personal life, I did not have the space to search around for ways to cope. I was not aware of any support groups, or 'trainee survival guide' on how to manage the counselling doctorate. I did however turn to what most counselling trainees turn to, the Handbook of Counselling Psychology (Woolfe et al., 2003), however not consciously looking for tips on how to survive the doctorate. I was searching for reassurance for what I was experiencing however I found more theoretical approaches and the importance of personal development. This was supportive towards my needs but not what I was experiencing outside of the programme. I was not able to pinpoint what I was experiencing, just an uncomfortable feeling of not feeling settled in any of my roles. This led me to consciously think about what was happening around me and the stresses I was experiencing and what I needed to cope. This influenced my research ideas, that I wasn't the only one experiencing this. I did not really go searching for ways to cope but merely kept going with it towards the end point was near. Through personal development classes, I came to understand similarities between the trainees in experiencing stresses outside of the course and I felt a mutual closeness with others. This is what interested me in the whole idea of experiencing the doctorate and the fact that it was spilling over into my personal relationships with my family and partner. This personal experience fuelled my research process in focusing on understanding the impact from a holistic viewpoint. Having completed my doctorate thesis, based on my findings I would suggest future trainees to think about support structures around relationships and families before starting the course. Setting structures around the relationship such as dedicated time together as a couple and family and setting boundaries around deadlines. The importance of thinking about the transient nature of the course helps to visualise an endpoint and that they will not have to be endured forever.

It became important for me to understand this process through my research. You can plan ahead and expect the difficulties however actually experiencing them did not meet my expectations as I entered a survival mode to get through it. My aims were to gain a current perspective on trainees and their partners undergoing the counselling and clinical doctorate to understand their experiences of stress and coping whilst on the course. I had originally planned to recruit clinical and counselling trainees and aimed to provide a comparison, if any between the two professions because of their similarities.

I hoped a quantitative approach would provide understanding towards the stress, relationship satisfaction and dyadic coping between counselling and clinical trainees and their partners. Having a mixed methods study would provide me with an overall understanding of the experiences of stress and coping, but also an in depth understanding of how they processed their experiences.

The process of conducting the study then became a tumultuous and what seemed an unachievable task. The thought of the amount of work and risks involved became overwhelming. With the support of my supervisor in breaking down each task helped me to visualise a structured path and helped me to transition from practitioner to practitioner-researcher. It has helped me to view tasks as transient, to take perspective and plan for each step. As a counselling psychologist I would use this learning to support future supervisees in their paths to believe in their work, build confidence and tackle each step progressively.

I was conscious of my closeness to the research project and needing to be aware of my own experiences and assumptions. It was important that I bracketed my personal reflections but also value these as the role of the researcher (Giorgi, 1985). My research journal enabled me to reflect at each stage of analysis to reposition myself in self awareness and using my role as a researcher. Having the mixed methods design added to the difficulties

and became a balancing act and the awareness of the need to give time to nurture both parts of the research.

Learning a new type of methodology of Grounded Theory was initially discomforting in managing the epistemological pressures of creating a theory truly grounded in the data. Charmaz' (2000) approach aligned more with my personal experience of the training as it focuses on the relationship between the researcher and the participant. This has been a reflection of my stance with clients in therapy and the ethos of counselling psychology; becoming the *coproducer* of the research like working therapeutically in becoming a *fellow traveller* (Yalom, 2002) and making interpretations of how I make sense of their world. This approach made sense and allowed me to have a strong stance in the research process being valued as a practitioner. The simultaneous data collection and analysis process felt like a more natural process in using each interview as a platform to the next as I always had my hands in the data. Remaining close to the raw data helped to build and theorise prominent issues which I could then bring into my next interview.

Through the use of memos I was able to create a distance whilst beginning to create the storyline which helped to develop the central themes of the theory. The partners' interviews also supported me personally on my journey in hearing their worlds whilst their partners were undertaking the training. The two views began to intertwine towards a working model of the couple unit when faced with the doctorate in the grounded theory analysis.

At times I would notice becoming part of the process, as Charmaz (2003) describes holding my role and experiences and beginning to interpret the data. This proved difficult when interviewing trainees regarding their experiences of stresses. The memos gave a creative distance between my own narrative and that of the participants and supported the interlinking of the data between and within participants.

The quantitative part of the research was used to create a general picture of dyadic coping in relation to stress and relationship satisfaction. I hindered at this stage with worries about recruitment and attaining a valuable dataset. However, I was humbled with the response, which may be a reflection of how crucial this study is to the discipline. I was surprised with the complexities that arose from the results and exploring possible avenues that the data led me down. Considering my analytic and creative preferences, the survey was a daunting experience however; the analysis invited a curiosity that I'd previously avoided. I had underestimated the power of the statistical analysis and how much it had provided the foundations for the study. The mixed-method approach proves to be an enlightening process exploring the area through a more holistic way which coincides with the counselling psychology ethos.

A downside was that there was little data from partners to be included in the analysis. Consequently, the opportunity for a comparison of partners and trainees in terms of stress, dyadic coping and relationship satisfaction did not materialise. The grounded theory study was unable to compare clinical psychology trainees and partners due to lack of responses. I struggled with these obstacles and contemplated the value of the study if each part missed a valuable section however as the analysis progressed I was able to interweave the two studies and realise the significance of the results. I learned that not all research goes in the anticipated directions where you start making assumptions about how the results may pan out. However, I had learned to go with the process and watch as it unfolds, being there to begin making interpretations just like building a therapeutic relationship in building holistic formulations.

Despite these difficulties in recruitment I feel I have gained a lot from this study as a student and as a professional. It has been a time of growth, reflection and rebuilding the blocks as a reflective scientist-practitioner. The stresses of the course and the impact on my

personal relationship have made me and my relationships stronger, built resilience and character. I have grown in confidence and have begun to utilise my professional stance in research and practice whilst balancing the *self* within this through personal development. This confidence has helped me to see my position with fellow counselling psychologists in paving the way for the profession and what we have to offer to support and value others in reaching their potential towards self actualisation (Rogers, 1951).

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# Appendices

## Appendix A

### Perceived Stress Scale- 10 Item

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a check how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

3. In the last month, how often have you felt nervous and "stressed"?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

5. In the last month, how often have you felt that things were going your way?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

7. In the last month, how often have you been able to control irritations in your life?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

8. In the last month, how often have you felt that you were on top of things?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

9. In the last month, how often have you been angered because of things that were outside of your control?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

\_\_\_0=never    \_\_\_1=almost never    \_\_\_2=sometimes    \_\_\_3=fairly often    \_\_\_4=very often

#### Perceived Stress Scale Scoring

Each item is rated on a 5-point scale ranging from never (0) to almost always (4).

Positively worded items are reverse scored, and the ratings are summed, with higher scores indicating more perceived stress.

PSS-10 scores are obtained by reversing the scores on the four positive items: For example, 0=4, 1=3, 2=2, etc. and then summing across all 10 items. Items 4, 5, 7, and 8 are the positively stated items.

Scores around 13 are considered average. In our own research, we have found that high stress groups usually have a stress score of around 20 points. Scores of 20 or higher are considered high stress, and



if you are in this range, you might consider learning new stress reduction techniques as well as increasing your exercise to at least three times a week.

## Appendix B

### DYADIC COPING INVENTORY (DCI)

\_\_\_\_\_ This scale is designed to measure how you and your partner cope with stress. Please indicate the first response that you feel is appropriate. Please be as honest as possible. Please response to any item by marking the appropriate case, which is fitting to your personal situation. There are no false answers.

\_\_\_\_\_

\_\_\_\_\_

#### This section is about how you communicate your stress to your partner.

|  | very<br>rarely           | rarely                   | some-<br>times | often                    | very<br>ofte<br>n |
|--|--------------------------|--------------------------|----------------|--------------------------|-------------------|
| 1. I let my partner know that I appreciate his/her practical support, advice, or help.     | <input type="checkbox"/> | <input type="checkbox"/> |                | <input type="checkbox"/> |                   |
| 2. I ask my partner to do things for me when I have too much to do.                        | <input type="checkbox"/> | <input type="checkbox"/> |                | <input type="checkbox"/> |                   |
| 3. I show my partner through my behavior when I am not doing well or when I have problems. | <input type="checkbox"/> | <input type="checkbox"/> |                | <input type="checkbox"/> |                   |
| 4. I tell my partner openly how I feel and that I would appreciate his/her support.        | <input type="checkbox"/> |                          |                |                          |                   |

#### This section is about what your partner does when you are feeling stressed.

|  | very<br>rarely           |                          | some-<br>times           | often                    | very<br>ofte<br>n        |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 5. My partner shows empathy and understanding to me.                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My partner expresses that he/she is on my side.                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My partner blames me for not coping well enough with stress.          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My partner helps me to see stressful situations in a different light. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My partner listens to me and gives me the opportunity to              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

communicate what really bothers me.

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 10. My partner does not take my stress seriously.                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. My partner provides support, but does so unwillingly and unmotivated.            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. My partner takes on things that I normally do in order to help me out.           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. My partner helps me analyze the situation so that I can better face the problem. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. When I am too busy, my partner helps me out.                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. When I am stressed, my partner tends to withdraw.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**This section is about how your partner communicates when he/she is feeling stressed.**

|   | rarely                   | rarely                   | times                    | often                    | very often               |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 16. My partner lets me know that he/she appreciates my practical support, advice, or help.                  |                          |                          |                          |                          | <input type="checkbox"/> |
| 17. My partner asks me to do things for him/her when he has too much to do.                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. My partner shows me through his/her behavior that he/she is not doing well or when he/she has problems. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. My partner tells me openly how he/she feels and that he/she would appreciate my support.                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**This section is about what you do when your partner makes know his/her stress.**

|   | very<br>rarely           | rarely                   | some-<br>times           | often                    | very<br>often            |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. I show empathy and understanding to my partner.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. I express to my partner that I am on his/her side.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. I blame my partner for not coping well enough with stress.  |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. I tell my partner that his/her stress is not that bad and help him/her to see the situation in a different light.                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. I listen to my partner and give him/her space and time to communicate what really bothers him/her.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. I do not take my partner's stress seriously.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. When my partner is stressed I tend to withdraw.   |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. I provide support, but do it so unwillingly and unmotivated because I think that he/she should cope with his/her problems on his/her own. |                          |                          |                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. I take on things that my partner would normally do in order to help him/her out.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| 29. I try to analyze the situation together with my partner in an objective manner and help him/her to understand and change the problem.     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 30. When my partner feels he/she has too much to do, I help him/her out.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |

**This section is about what you and your partner do when you are both feeling stressed.**

|   | very<br>rarely           | rarely                   | times                    | often                    | very<br>often            |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 31. We try to cope with the problem together and search for ascertained solutions.                                  | <input type="checkbox"/> |                          |                          |                          | <input type="checkbox"/> |
| 32. We engage in a serious discussion about the problem and think through what has to be done.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. We help one another to put the problem in perspective and see it in a new light.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. We help each other relax with such things like massage, taking a bath together, or listening to music together. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. We are affectionate to each other, make love and try that way to cope with stress.                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                          |

**This section is about how you evaluate your coping as a couple.**

|  | very<br>rarely           | rarely                   | some-<br>times           | often                    | very<br>of               |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 36. I am satisfied with the support I receive from my partner and the way we deal with stress together.                                  |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 37. I am satisfied with the support I receive from my partner and I find as a couple, the way we deal with stress together is effective. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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## Appendix C

### Scale: Relationship Assessment Scale

|   | Low |   |   |   | High |
|---|-----|---|---|---|------|
| 1. How well does your partner meet your needs?                          | 1   | 2 | 3 | 4 | 5    |
| 2. In general, how satisfied are you with your relationship?            | 1   | 2 | 3 | 4 | 5    |
| 3. How good is your relationship compared to most?                      | 1   | 2 | 3 | 4 | 5    |
| 4. How often do you wish you hadn't gotten into this relationship?      | 1   | 2 | 3 | 4 | 5    |
| 5. To what extent has your relationship met your original expectations? | 1   | 2 | 3 | 4 | 5    |
| 6. How much do you love your partner?                                   | 1   | 2 | 3 | 4 | 5    |
| 7. How many problems are there in your relationship?                    | 1   | 2 | 3 | 4 | 5    |

### Scoring:

Items 4 and 7 are reverse-scored.

Scoring is kept continuous. The higher the score, the more satisfied the respondent is with his/her relationship.

## Appendix D

Dear Sir/Madam

I am a second year student on the Practitioner Doctorate in Counselling Psychology at the University of Wolverhampton.

I am conducting a research on the stress and coping of training on the practitioner doctorate in counselling/clinical psychology with trainees and their partners. The research aims to explore the influence of the trainees' engagement in the course and its impact on in their relationship and coping patterns as a couple.

Part of my study would entail conducting interviews for trainees and their partners. The interviews will be conducted separately to ensure participants feel comfortable in disclosing information in a confidential and mutually convenient setting.

If they would like to take part in the interview study, they can contact me on the following email address to discuss requirements of the interview where they will be given a consent form

[Jessica.parmar@wlv.ac.uk](mailto:Jessica.parmar@wlv.ac.uk)

I have attached an information sheet for the trainees who may be interested in taking part in the interview study.

I would be grateful if you would be able to circulate this email to all of the students on the course.

Thank you for your time,

Jessica Parmar

Appendix E

Dear trainees,

I am a third year student on the Practitioner Doctorate in Counselling Psychology at the University of Wolverhampton. My doctorate research is to explore trainees' management of stress and coping of their practitioner doctorate training and how trainees and their partners view the impacts of such professional training on in their relationship.

My study consists of an online survey and individual interviews with trainees and their partners. The online survey is for **all** trainees and **if applicable**, their partners.

Please take a look at the survey by visiting <https://www.surveymonkey.com/s/WZXL9LZ>. Please feel free to pass this link on to your partner so s/he could also take part. If you would like to know more about my study, please feel free to email me for further information.

The interviews will invite trainees who are in relationships and their partners to talk about how each of them experiences the training process and the dynamics in their relationship. The interviews will be conducted separately to ensure participants feel comfortable in disclosing information in a confidential and mutually convenient setting. If you and your partner would like to take part in the interview study, please email me to discuss requirements of the interview.

Thank you for your time,

Jessica Parmar

[Jessica.parmar@wlv.ac.uk](mailto:Jessica.parmar@wlv.ac.uk)

Survey Study



**Experiences of the Stresses and Dyadic Coping in Trainee Counselling and Clinical Psychologists and their partners.**

**Jessica Parmar**

**Trainee of Counselling Psychology, University of Wolverhampton**

The aim for this survey is to gain an insight into the stresses and coping in trainee clinical and counselling psychologists and for those applicable, their partners and spouses. This survey is open to ALL trainees who will then be directed to relevant parts of the survey.

This research is being conducted as part of my doctorate training and has obtained clearance from the Ethics Committee at the School of Applied Sciences.

In this online survey, you will be asked to provide basic demographic information and to complete three questionnaires: Perceived Stress Scale (PSS), Dyadic Coping Inventory (DCI) and the Relationship Assessment Scale (RAS). Apart from your age and gender, identifying information will not be collated in the survey. All of the data from the survey will remain confidential and be kept for five years before being securely destroyed. Some of the data may be used for publication. However, individuals will not be identified or discussed.

If you are happy to take part in the survey, please proceed with the following link:

<https://www.surveymonkey.com/s/WZXL9LZ>

For those who are in committed relationships I would appreciate if you could send this link to your partner or spouse to take part in.

You have the right to withdraw from the survey at anytime without judgement up until you are ready to submit your questionnaires. After that, it will not be possible to remove the data as no identifying information is collected. A summary of the study will be made available in November 2014 upon request. Please feel free to email me near the time for a copy.

If you have any comments or queries, please do not hesitate to contact me ([Jessica.parmar@wlv.ac.uk](mailto:Jessica.parmar@wlv.ac.uk)) or my supervisor Dr Josephine Chen-Wilson

([J.chen-wilson@wlv.ac.uk](mailto:J.chen-wilson@wlv.ac.uk)).

Thank you. [Jessica Parmar](#)



## Appendix G

This project aims to explore stress and coping in trainees on the Practitioner Doctorate in Counselling and Clinical Psychology courses and their partners. As a trainee in Counselling Psychology at University of Wolverhampton, I am conducting this research as part of my course requirement. This research is supervised by Dr Josephine Chen-Wilson, who is a senior lecturer in Psychology.

Not only will this research contribute to marriage and family literature by looking at how stress impacts on married and non married couples but the findings will also inform counselling and clinical doctoral trainees, their partners, academic staff and personal counsellors in terms of specific challenges faced by doctoral trainees and their families. Trainees will be able to understand the potential impacts of the training on their families with more realistic expectations before undertaking the course. Academic staff will be able to better prepare trainees about the demands of the course on them and potentially on their partners.

Please proceed to the next page where you will asked to provide your consent to take part in this survey.

### Consent

I have read and understood the information provided. I understand that

- I have been asked to complete a survey consisting of a number of questionnaires.
- Identifying information will not be collated in the study and only anonymised information will be used for further publications of the study.
- The data from my survey will remain confidential at all times.
- I have the right to withdraw from the survey at anytime without judgement up until I submit the survey.
- I will be able to obtain a summary of the study in November 2014 by contacting the researcher via email.

Please tick the bottom of this page to indicate you have read and understood the information provided about the survey. This will indicate that you are happy to continue with the survey. If at this point you feel that you would not like to take part, I would like to thank you for your time.

Appendix H

**Variables Entered/Removed<sup>a</sup>**

| Model | Variables Entered  | Variables Removed            | Method  |
|-------|--|------------------------------|---|
| 1     | CommunicationStressDCI, Clinical, Perceived stress scale total, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together? <sup>b</sup> |                              | Enter   |
| 2     |  | Perceived stress scale total | Backward (criterion: Probability of F-to-remove >= .100). |
| 3     |  | Positive Coping              | Backward (criterion: Probability of F-to-remove >= .100). |
| 4     |  | Negative coping              | Backward (criterion: Probability of F-to-remove >= .100). |

|   |  |                      |  |
|---|--|----------------------|--|
| 5 |  |                      | Backward<br>(criterion:<br>Probability of F-<br>to-remove >=<br>.100). |
| 6 |  | Clinical             | Backward<br>(criterion:<br>Probability of F-<br>to-remove >=<br>.100). |
| 7 |  | What is your<br>age? | Backward<br>(criterion:<br>Probability of F-<br>to-remove >=<br>.100). |
|   |  | Livingtogether       | Backward<br>(criterion:<br>Probability of F-<br>to-remove >=<br>.100). |

a. Dependent Variable: Relationship assessment scale total

b. Tolerance = .000 limit reached.

Model Summary<sup>a</sup>

| Model | R                 | R Square | Adjusted R Square | Std. Error of the Estimate | Change Statistics |          |     |     |               | Durbin-Watson |
|-------|-------------------|----------|-------------------|----------------------------|-------------------|----------|-----|-----|---------------|---------------|
|       |                   |          |                   |                            | R Square Change   | F Change | df1 | df2 | Sig. F Change |               |
| 1     | .639 <sup>a</sup> | .408     | .223              | 2.36955                    | .408              | 2.208    | 10  | 32  | .044          |               |
| 2     | .639 <sup>b</sup> | .408     | .247              | 2.33338                    | .000              | .000     | 1   | 32  | .991          |               |
| 3     | .638 <sup>c</sup> | .408     | .268              | 2.29998                    | -.001             | .034     | 1   | 33  | .855          |               |
| 4     | .635 <sup>d</sup> | .403     | .283              | 2.27600                    | -.005             | .274     | 1   | 34  | .604          |               |
| 5     | .630 <sup>e</sup> | .397     | .296              | 2.25582                    | -.006             | .365     | 1   | 35  | .550          |               |
| 6     | .620 <sup>f</sup> | .384     | .301              | 2.24835                    | -.013             | .755     | 1   | 36  | .391          |               |
| 7     | .608 <sup>g</sup> | .370     | .303              | 2.24442                    | -.014             | .867     | 1   | 37  | .358          | 2.242         |

a. Predictors: (Constant), CommunicationStressDCI, Clinical, Perceived stress scale total, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

b. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

c. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

d. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

e. Predictors: (Constant), CommunicationStressDCI, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

f. Predictors: (Constant), CommunicationStressDCI, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, How long have you been living together?

g. Predictors: (Constant), CommunicationStressDCI, How many children do you have?, What is the length of your relationship with your partner/spouse?, How long have you been living together?

h. Dependent Variable: Relationship assessment scale total

**ANOVA<sup>a</sup>**

| Model |            | Sum of Squares | df | Mean Square | F     | Sig.              |
|-------|------------|----------------|----|-------------|-------|-------------------|
| 1     | Regression | 123.955        | 10 | 12.396      | 2.208 | .044 <sup>b</sup> |
|       | Residual   | 179.673        | 32 | 5.615       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 2     | Regression | 123.954        | 9  | 13.773      | 2.530 | .025 <sup>c</sup> |
|       | Residual   | 179.674        | 33 | 5.445       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 3     | Regression | 123.770        | 8  | 15.471      | 2.925 | .013 <sup>d</sup> |
|       | Residual   | 179.858        | 34 | 5.290       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 4     | Regression | 122.322        | 7  | 17.475      | 3.373 | .007 <sup>e</sup> |
|       | Residual   | 181.305        | 35 | 5.180       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 5     | Regression | 120.433        | 6  | 20.072      | 3.944 | .004 <sup>f</sup> |
|       | Residual   | 183.194        | 36 | 5.089       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 6     | Regression | 116.589        | 5  | 23.318      | 4.613 | .002 <sup>g</sup> |
|       | Residual   | 187.039        | 37 | 5.055       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |
| 7     | Regression | 112.205        | 4  | 28.051      | 5.569 | .001 <sup>h</sup> |
|       | Residual   | 191.423        | 38 | 5.037       |       |                   |
|       | Total      | 303.628        | 42 |             |       |                   |

a. Dependent Variable: Relationship assessment scale total

b. Predictors: (Constant), CommunicationStressDCI, Clinical, Perceived stress scale total, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

c. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

d. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

e. Predictors: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

f. Predictors: (Constant), CommunicationStressDCI, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

g. Predictors: (Constant), CommunicationStressDCI, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, How long have you been living together?

h. Predictors: (Constant), CommunicationStressDCI, How many children do you have?, What is the length of your relationship with your partner/spouse?, How long have you been living together?

Coefficients<sup>a</sup>

| Model   | Unstandardized Coefficients |            | Standardized Coefficients | t      | Sig. | 95.0% Confidence Interval for B |             | Correlations |         |       | Collinearity Statistics |       |
|---|-----------------------------|------------|---------------------------|--------|------|---------------------------------|-------------|--------------|---------|-------|-------------------------|-------|
|   | B                           | Std. Error | Beta                      |        |      | Lower Bound                     | Upper Bound | Zero-order   | Partial | Part  | Tolerance               | VIF   |
| 1 (Constant)  | 21.496                      | 8.508      |                           | 2.527  | .017 | 4.166                           | 38.826      |              |         |       |                         |       |
| Clinical  | -.585                       | .968       | -.110                     | -.604  | .550 | -2.558                          | 1.387       | .020         | -.106   | -.082 | .560                    | 1.787 |
| What is the length of your relationship with your partner/spouse? | -.256                       | .195       | -.485                     | -1.315 | .198 | -.654                           | .141        | -.030        | -.226   | -.179 | .136                    | 7.341 |
| Livingtogether  | 1.483                       | 1.303      | .217                      | 1.138  | .264 | -1.171                          | 4.136       | .298         | .197    | .155  | .508                    | 1.968 |
| How many children do you have?                                    | -1.118                      | .996       | -.249                     | -1.122 | .270 | -3.147                          | .911        | -.106        | -.195   | -.153 | .374                    | 2.671 |
| What is your age?   | -.112                       | .125       | -.250                     | -.894  | .378 | -.367                           | .143        | -.180        | -.156   | -.122 | .236                    | 4.229 |
| How long have you been living together?                           | .402                        | .233       | .737                      | 1.723  | .095 | -.073                           | .877        | .104         | .291    | .234  | .101                    | 9.896 |
| Perceived stress scale total                                      | .001                        | .105       | .002                      | .012   | .991 | -.213                           | .216        | -.150        | .002    | .002  | .790                    | 1.265 |
| Positive Coping   | -.017                       | .095       | -.040                     | -.177  | .860 | -.210                           | .177        | .319         | -.031   | -.024 | .364                    | 2.746 |
| Negative coping   | -.061                       | .116       | -.102                     | -.527  | .602 | -.296                           | .175        | -.257        | -.093   | -.072 | .498                    | 2.007 |
| CommunicationStressDCI  | .270                        | .152       | .357                      | 1.769  | .086 | -.041                           | .580        | .475         | .298    | .241  | .453                    | 2.209 |
| 2 (Constant)  | 21.550                      | 7.117      |                           | 3.028  | .005 | 7.069                           | 36.030      |              |         |       |                         |       |
| Clinical  | -.588                       | .925       | -.110                     | -.636  | .529 | -2.470                          | 1.294       | .020         | -.110   | -.085 | .595                    | 1.681 |

|   |   |        |       |       |        |      |        |        |       |       |       |      |       |
|---|---|--------|-------|-------|--------|------|--------|--------|-------|-------|-------|------|-------|
|   | What is the length of your relationship with your partner/spouse? | -.256  | .192  | -.485 | -1.336 | .191 | -.647  | .134   | -.030 | -.226 | -.179 | .136 | 7.336 |
|   | <del>Livingtogether</del>   | 1.480  | 1.270 | .217  | 1.165  | .252 | -1.104 | 4.065  | .298  | .199  | .156  | .518 | 1.930 |
|   | How many children do you have?                                    | -1.116 | .973  | -.249 | -1.148 | .259 | -3.095 | .863   | -.106 | -.196 | -.154 | .381 | 2.627 |
|   | What is your age?   | -.112  | .122  | -.250 | -.922  | .363 | -.360  | .135   | -.180 | -.159 | -.124 | .243 | 4.111 |
|   | How long have you been living together?                           | .402   | .230  | .737  | 1.750  | .089 | -.065  | .869   | .104  | .291  | .234  | .101 | 9.892 |
|   | Positive Coping   | -.017  | .093  | -.040 | -.184  | .855 | -.205  | .171   | .319  | -.032 | -.025 | .372 | 2.691 |
|   | Negative coping   | -.061  | .111  | -.101 | -.547  | .588 | -.286  | .165   | -.257 | -.095 | -.073 | .526 | 1.900 |
|   | <del>Communication StressDCI</del>                                | .270   | .150  | .358  | 1.798  | .081 | -.036  | .575   | .475  | .299  | .241  | .453 | 2.207 |
| 3 | (Constant)  | 20.724 | 5.440 |       | 3.810  | .001 | 9.669  | 31.778 |       |       |       |      |       |
|   | Clinical  | -.537  | .869  | -.101 | -.618  | .541 | -2.302 | 1.229  | .020  | -.105 | -.082 | .655 | 1.526 |
|   | What is the length of your relationship with your partner/spouse? | -.261  | .187  | -.494 | -1.396 | .172 | -.642  | .119   | -.030 | -.233 | -.184 | .139 | 7.188 |
|   | <del>Livingtogether</del>   | 1.473  | 1.252 | .216  | 1.177  | .247 | -1.071 | 4.016  | .298  | .198  | .155  | .519 | 1.928 |
|   | How many children do you have?                                    | -1.138 | .952  | -.254 | -1.196 | .240 | -3.072 | .796   | -.106 | -.201 | -.158 | .386 | 2.588 |
|   | What is your age?   | -.105  | .113  | -.234 | -.926  | .361 | -.335  | .125   | -.180 | -.157 | -.122 | .273 | 3.667 |
|   | How long have you been living together?                           | .410   | .222  | .753  | 1.852  | .073 | -.040  | .860   | .104  | .303  | .244  | .105 | 9.479 |
|   | Negative coping   | -.054  | .104  | -.090 | -.523  | .604 | -.265  | .156   | -.257 | -.089 | -.069 | .584 | 1.712 |
|   | <del>Communication StressDCI</del>                                | .254   | .120  | .336  | 2.109  | .042 | .009   | .498   | .475  | .340  | .278  | .685 | 1.459 |
| 4 | (Constant)  | 19.692 | 5.017 |       | 3.925  | .000 | 9.507  | 29.877 |       |       |       |      |       |
|   | Clinical  | -.519  | .859  | -.097 | -.604  | .550 | -2.263 | 1.225  | .020  | -.102 | -.079 | .656 | 1.524 |
|   | What is the length of your relationship with your partner/spouse? | -.276  | .183  | -.521 | -1.505 | .141 | -.648  | .096   | -.030 | -.246 | -.197 | .142 | 7.034 |
|   | <del>Livingtogether</del>   | 1.158  | 1.086 | .170  | 1.066  | .294 | -1.047 | 3.364  | .298  | .177  | .139  | .674 | 1.484 |
|   | How many children do you have?                                    | -1.296 | .893  | -.289 | -1.451 | .156 | -3.109 | .517   | -.106 | -.238 | -.190 | .430 | 2.328 |
|   | What is your age?   | -.115  | .111  | -.256 | -1.036 | .307 | -.339  | .110   | -.180 | -.172 | -.135 | .280 | 3.570 |
|   | How long have you been living together?                           | .462   | .196  | .848  | 2.356  | .024 | .064   | .860   | .104  | .370  | .308  | .132 | 7.588 |
|   | <del>Communication StressDCI</del>                                | .275   | .112  | .365  | 2.468  | .019 | .049   | .502   | .475  | .385  | .322  | .779 | 1.284 |
| 5 | (Constant)  | 18.335 | 4.446 |       | 4.124  | .000 | 9.319  | 27.351 |       |       |       |      |       |
|   | What is the length of your relationship with your partner/spouse? | -.273  | .182  | -.515 | -1.502 | .142 | -.641  | .096   | -.030 | -.243 | -.194 | .142 | 7.028 |
|   | <del>Livingtogether</del>   | 1.161  | 1.077 | .170  | 1.079  | .288 | -1.022 | 3.345  | .298  | .177  | .140  | .674 | 1.484 |
|   | How many children do you have?                                    | -1.278 | .885  | -.285 | -1.445 | .157 | -3.072 | .516   | -.106 | -.234 | -.187 | .430 | 2.325 |
|   | What is your age?   | -.086  | .099  | -.193 | -.869  | .391 | -.288  | .115   | -.180 | -.143 | -.113 | .341 | 2.934 |

|   |   |        |       |       |        |      |        |        |       |       |       |      |       |
|---|---|--------|-------|-------|--------|------|--------|--------|-------|-------|-------|------|-------|
|   | How long have you been living together?                           | .453   | .194  | .830  | 2.335  | .025 | .060   | .846   | .104  | .363  | .302  | .133 | 7.539 |
|   | Communication StressDCI   | .284   | .110  | .377  | 2.589  | .014 | .062   | .507   | .475  | .396  | .335  | .792 | 1.263 |
| 6 | (Constant)  | 15.565 | 3.089 |       | 5.038  | .000 | 9.306  | 21.825 |       |       |       |      |       |
|   | What is the length of your relationship with your partner/spouse? | -.329  | .169  | -.622 | -1.945 | .059 | -.672  | .014   | -.030 | -.305 | -.251 | .163 | 6.136 |
|   | Living together   | .981   | 1.053 | .144  | .931   | .358 | -1.153 | 3.114  | .298  | .151  | .120  | .700 | 1.428 |
|   | How many children do you have?                                    | -1.642 | .777  | -.366 | -2.113 | .041 | -3.216 | -.068  | -.106 | -.328 | -.273 | .554 | 1.805 |
|   | How long have you been living together?                           | .466   | .192  | .856  | 2.424  | .020 | .076   | .856   | .104  | .370  | .313  | .134 | 7.488 |
|   | Communication StressDCI   | .309   | .106  | .409  | 2.922  | .006 | .095   | .523   | .475  | .433  | .377  | .849 | 1.178 |
| 7 | (Constant)  | 15.221 | 3.062 |       | 4.971  | .000 | 9.023  | 21.420 |       |       |       |      |       |
|   | What is the length of your relationship with your partner/spouse? | -.314  | .168  | -.593 | -1.866 | .070 | -.654  | .027   | -.030 | -.290 | -.240 | .165 | 6.077 |
|   | How many children do you have?                                    | -1.775 | .762  | -.396 | -2.328 | .025 | -3.318 | -.231  | -.106 | -.353 | -.300 | .573 | 1.744 |
|   | How long have you been living together?                           | .498   | .189  | .914  | 2.633  | .012 | .115   | .881   | .104  | .393  | .339  | .138 | 7.256 |
|   | Communication StressDCI   | .341   | .100  | .452  | 3.414  | .002 | .139   | .542   | .475  | .484  | .440  | .948 | 1.055 |

#### Excluded Variables<sup>a</sup>

| Model |                              | Beta In            | t     | Sig. | Partial Correlation | Collinearity Statistics |       |                   |
|-------|------------------------------|--------------------|-------|------|---------------------|-------------------------|-------|-------------------|
|       |                              |                    |       |      |                     | Tolerance               | VIF   | Minimum Tolerance |
| 1     | Counselling                  | . <sup>b</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Living apart                 | . <sup>b</sup>     | .     | .    | .                   | .000                    | .     | .000              |
| 2     | Counselling                  | . <sup>c</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Living apart                 | . <sup>c</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Perceived stress scale total | .002 <sup>c</sup>  | .012  | .991 | .002                | .790                    | 1.265 | .101              |
| 3     | Counselling                  | . <sup>d</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Living apart                 | . <sup>d</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Perceived stress scale total | .006 <sup>d</sup>  | .038  | .970 | .007                | .807                    | 1.240 | .105              |
|       | Positive Coping              | -.040 <sup>d</sup> | -.184 | .855 | -.032               | .372                    | 2.691 | .101              |
| 4     | Counselling                  | . <sup>e</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Living apart                 | . <sup>e</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Perceived stress scale total | -.016 <sup>e</sup> | -.110 | .913 | -.019               | .876                    | 1.141 | .130              |
|       | Positive Coping              | -.003 <sup>e</sup> | -.013 | .990 | -.002               | .412                    | 2.426 | .131              |
|       | Negative coping              | -.090 <sup>e</sup> | -.523 | .604 | -.089               | .584                    | 1.712 | .105              |
| 5     | Counselling                  | .097 <sup>f</sup>  | .604  | .550 | .102                | .656                    | 1.524 | .132              |
|       | Living apart                 | . <sup>f</sup>     | .     | .    | .                   | .000                    | .     | .000              |
|       | Perceived stress scale total | .003 <sup>f</sup>  | .020  | .984 | .003                | .918                    | 1.089 | .130              |
|       | Positive Coping              | .030 <sup>f</sup>  | .155  | .878 | .026                | .447                    | 2.237 | .132              |
|       | Negative coping              | -.086 <sup>f</sup> | -.504 | .618 | -.085               | .585                    | 1.710 | .106              |
|       | Clinical                     | -.097 <sup>f</sup> | -.604 | .550 | -.102               | .656                    | 1.524 | .132              |

|   |                              |                    |       |      |       |      |       |      |
|---|------------------------------|--------------------|-------|------|-------|------|-------|------|
| 6 | Counselling                  | .027 <sup>a</sup>  | .184  | .855 | .031  | .798 | 1.252 | .132 |
|   | Livingapart                  | .0                 | .     | .    | .     | .000 | .     | .000 |
|   | Perceived stress scale total | .001 <sup>a</sup>  | .007  | .995 | .001  | .918 | 1.089 | .131 |
|   | Positive Coping              | .072 <sup>a</sup>  | .382  | .704 | .064  | .482 | 2.075 | .133 |
|   | Negative coping              | -.111 <sup>a</sup> | -.667 | .509 | -.111 | .608 | 1.644 | .106 |
|   | Clinical                     | -.027 <sup>a</sup> | -.184 | .855 | -.031 | .798 | 1.252 | .132 |
|   | What is your age?            | -.193 <sup>a</sup> | -.869 | .391 | -.143 | .341 | 2.934 | .133 |
| 7 | Counselling                  | .038 <sup>h</sup>  | .264  | .793 | .043  | .804 | 1.243 | .137 |
|   | Livingapart                  | -.144 <sup>h</sup> | -.931 | .358 | -.151 | .700 | 1.428 | .134 |
|   | Perceived stress scale total | .001 <sup>h</sup>  | .008  | .994 | .001  | .918 | 1.089 | .135 |
|   | Positive Coping              | .039 <sup>h</sup>  | .213  | .833 | .035  | .498 | 2.009 | .137 |
|   | Negative coping              | -.016 <sup>h</sup> | -.108 | .914 | -.018 | .817 | 1.224 | .122 |
|   | Clinical                     | -.038 <sup>h</sup> | -.264 | .793 | -.043 | .804 | 1.243 | .137 |
|   | What is your age?            | -.147 <sup>h</sup> | -.672 | .506 | -.110 | .354 | 2.825 | .137 |
|   | Livingtogether               | .144 <sup>h</sup>  | .931  | .358 | .151  | .700 | 1.428 | .134 |

a. Dependent Variable: Relationship assessment scale total

b. Predictors in the Model: (Constant), CommunicationStressDCI, Clinical, Perceived stress scale total, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

c. Predictors in the Model: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, Positive Coping, What is your age?, How long have you been living together?

d. Predictors in the Model: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, Negative coping, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

e. Predictors in the Model: (Constant), CommunicationStressDCI, Clinical, Livingtogether, How many children do you have?, What is the length of your relationship with your partner/spouse?, What is your age?, How long have you been living together?

#### Collinearity Diagnostics<sup>a</sup>

| Model | Dimension | Eigenvalue | Condition Index | Variance Proportions |          |   |                |                                |                   |   |                              |                 |                 |                        |
|-------|-----------|------------|-----------------|----------------------|----------|---|----------------|--------------------------------|-------------------|---|------------------------------|-----------------|-----------------|------------------------|
|       |           |            |                 | (Constant)           | Clinical | What is the length of your relationship with your partner/spouse? | Livingtogether | How many children do you have? | What is your age? | How long have you been living together? | Perceived stress scale total | Positive Coping | Negative coping | CommunicationStressDCI |
| 1     | 1         | 8.656      | 1.000           | .00                  | .00      | .00   | .00            | .00                            | .00               | .00                                     | .00                          | .00             | .00             | .00                    |
|       | 2         | 1.395      | 2.491           | .00                  | .04      | .00   | .00            | .10                            | .00               | .01                                     | .00                          | .00             | .00             | .00                    |
|       | 3         | .372       | 4.821           | .00                  | .17      | .02   | .02            | .44                            | .00               | .01                                     | .00                          | .00             | .00             | .00                    |
|       | 4         | .326       | 5.154           | .00                  | .39      | .01   | .00            | .02                            | .00               | .03                                     | .00                          | .00             | .01             | .00                    |
|       | 5         | .123       | 8.396           | .00                  | .02      | .02   | .58            | .04                            | .00               | .00                                     | .00                          | .00             | .01             | .00                    |
|       | 6         | .071       | 11.028          | .00                  | .04      | .08   | .03            | .00                            | .00               | .02                                     | .00                          | .01             | .28             | .01                    |
|       | 7         | .027       | 17.742          | .00                  | .01      | .74   | .06            | .18                            | .00               | .80                                     | .01                          | .00             | .12             | .00                    |
|       | 8         | .013       | 25.620          | .00                  | .03      | .05   | .08            | .00                            | .46               | .04                                     | .00                          | .03             | .30             | .04                    |
|       | 9         | .011       | 27.575          | .00                  | .00      | .03   | .15            | .03                            | .06               | .04                                     | .70                          | .02             | .22             | .04                    |
|       | 10        | .004       | 46.490          | .03                  | .00      | .01   | .07            | .04                            | .01               | .01                                     | .03                          | .41             | .00             | .90                    |
|       | 11        | .001       | 79.601          | .97                  | .30      | .03   | .02            | .14                            | .47               | .04                                     | .25                          | .53             | .06             | .00                    |
| 2     | 1         | 7.707      | 1.000           | .00                  | .00      | .00   | .00            | .00                            | .00               | .00                                     |                              | .00             | .00             | .00                    |
|       | 2         | 1.373      | 2.369           | .00                  | .04      | .00   | .00            | .11                            | .00               | .01                                     |                              | .00             | .00             | .00                    |
|       | 3         | .372       | 4.552           | .00                  | .21      | .01   | .02            | .43                            | .00               | .01                                     |                              | .00             | .00             | .00                    |
|       | 4         | .314       | 4.957           | .00                  | .37      | .02   | .00            | .03                            | .00               | .04                                     |                              | .00             | .02             | .00                    |
|       | 5         | .117       | 8.125           | .00                  | .03      | .02   | .62            | .04                            | .00               | .00                                     |                              | .00             | .00             | .00                    |
|       | 6         | .071       | 10.406          | .00                  | .04      | .08   | .03            | .00                            | .00               | .02                                     |                              | .01             | .29             | .01                    |
|       | 7         | .027       | 16.942          | .00                  | .01      | .76   | .09            | .19                            | .00               | .82                                     |                              | .00             | .18             | .00                    |



|   |    |       |        |     |     |     |     |     |     |     |  |     |     |     |
|---|----|-------|--------|-----|-----|-----|-----|-----|-----|-----|--|-----|-----|-----|
|   | 8  | .013  | 24.176 | .00 | .04 | .05 | .08 | .00 | .47 | .04 |  | .03 | .32 | .04 |
|   | 9  | .004  | 43.186 | .06 | .00 | .00 | .11 | .06 | .03 | .00 |  | .32 | .01 | .94 |
|   | 10 | .002  | 66.365 | .93 | .26 | .04 | .05 | .13 | .49 | .05 |  | .63 | .18 | .01 |
| 3 | 1  | 6.785 | 1.000  | .00 | .00 | .00 | .00 | .00 | .00 | .00 |  |     | .00 | .00 |
|   | 2  | 1.330 | 2.259  | .00 | .06 | .00 | .00 | .11 | .00 | .01 |  |     | .00 | .00 |
|   | 3  | .372  | 4.273  | .00 | .24 | .01 | .02 | .43 | .00 | .01 |  |     | .00 | .00 |
|   | 4  | .303  | 4.736  | .00 | .36 | .02 | .00 | .04 | .00 | .04 |  |     | .02 | .00 |
|   | 5  | .111  | 7.805  | .00 | .03 | .03 | .65 | .04 | .01 | .00 |  |     | .00 | .00 |
|   | 6  | .058  | 10.801 | .01 | .07 | .11 | .00 | .00 | .00 | .03 |  |     | .35 | .05 |
|   | 7  | .026  | 16.046 | .00 | .01 | .72 | .09 | .19 | .00 | .88 |  |     | .27 | .01 |
|   | 8  | .012  | 24.161 | .00 | .07 | .08 | .10 | .00 | .55 | .02 |  |     | .24 | .24 |
|   | 9  | .003  | 49.244 | .99 | .16 | .01 | .14 | .18 | .45 | .01 |  |     | .11 | .70 |
| 4 | 1  | 5.915 | 1.000  | .00 | .00 | .00 | .00 | .00 | .00 | .00 |  |     |     | .00 |
|   | 2  | 1.296 | 2.137  | .00 | .07 | .00 | .00 | .13 | .00 | .01 |  |     |     | .00 |
|   | 3  | .372  | 3.990  | .00 | .26 | .01 | .02 | .47 | .00 | .01 |  |     |     | .00 |
|   | 4  | .254  | 4.822  | .00 | .36 | .02 | .02 | .06 | .00 | .07 |  |     |     | .00 |
|   | 5  | .111  | 7.302  | .00 | .04 | .03 | .82 | .04 | .01 | .00 |  |     |     | .00 |
|   | 6  | .035  | 12.943 | .00 | .05 | .65 | .06 | .11 | .00 | .84 |  |     |     | .03 |
|   | 7  | .014  | 20.342 | .00 | .05 | .27 | .02 | .05 | .36 | .06 |  |     |     | .33 |
|   | 8  | .003  | 43.812 | .99 | .17 | .00 | .06 | .13 | .63 | .00 |  |     |     | .63 |
| 5 | 1  | 5.527 | 1.000  | .00 |     | .00 | .00 | .00 | .00 | .00 |  |     |     | .00 |
|   | 2  | .992  | 2.361  | .00 |     | .00 | .00 | .23 | .00 | .01 |  |     |     | .00 |
|   | 3  | .310  | 4.222  | .00 |     | .04 | .00 | .41 | .00 | .06 |  |     |     | .00 |
|   | 4  | .115  | 6.942  | .00 |     | .03 | .86 | .03 | .01 | .00 |  |     |     | .00 |
|   | 5  | .037  | 12.152 | .00 |     | .58 | .05 | .07 | .01 | .83 |  |     |     | .02 |
|   | 6  | .015  | 19.112 | .00 |     | .34 | .01 | .09 | .45 | .09 |  |     |     | .26 |
|   | 7  | .004  | 38.619 | .99 |     | .01 | .08 | .16 | .53 | .00 |  |     |     | .71 |
| 6 | 1  | 4.591 | 1.000  | .00 |     | .00 | .01 | .01 |     | .00 |  |     |     | .00 |
|   | 2  | .960  | 2.187  | .00 |     | .00 | .01 | .30 |     | .01 |  |     |     | .00 |
|   | 3  | .300  | 3.912  | .00 |     | .04 | .00 | .53 |     | .06 |  |     |     | .00 |
|   | 4  | .107  | 6.542  | .01 |     | .04 | .90 | .02 |     | .00 |  |     |     | .01 |
|   | 5  | .036  | 11.250 | .00 |     | .81 | .03 | .13 |     | .90 |  |     |     | .01 |
|   | 6  | .006  | 27.217 | .98 |     | .11 | .05 | .01 |     | .03 |  |     |     | .97 |
| 7 | 1  | 3.762 | 1.000  | .00 |     | .00 |     | .01 |     | .00 |  |     |     | .00 |
|   | 2  | .895  | 2.050  | .00 |     | .00 |     | .32 |     | .01 |  |     |     | .00 |
|   | 3  | .300  | 3.541  | .00 |     | .04 |     | .56 |     | .07 |  |     |     | .01 |
|   | 4  | .037  | 10.068 | .00 |     | .85 |     | .11 |     | .88 |  |     |     | .01 |
|   | 5  | .007  | 24.003 | .99 |     | .10 |     | .00 |     | .05 |  |     |     | .98 |

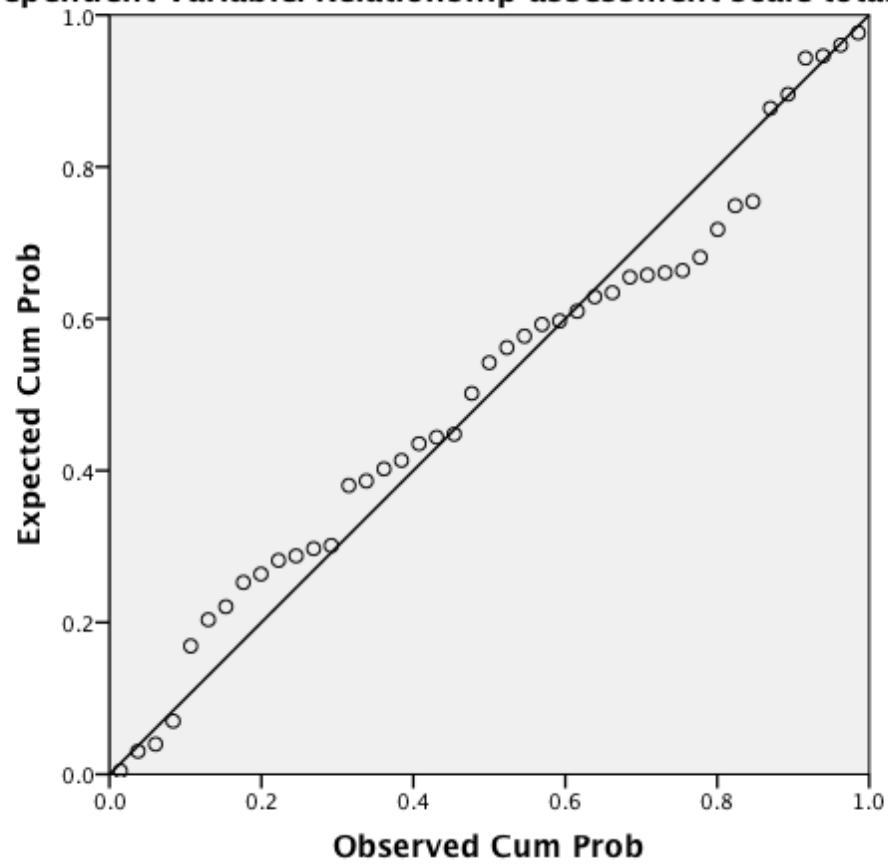
a. Dependent Variable: Relationship assessment scale total

**Residuals Statistics<sup>a</sup>**

|                                   | Minimum  | Maximum | Mean    | Std. Deviation | N  |
|-----------------------------------|----------|---------|---------|----------------|----|
| Predicted Value                   | 20.1508  | 28.4944 | 24.9070 | 1.63449        | 43 |
| Std. Predicted Value              | -2.910   | 2.195   | .000    | 1.000          | 43 |
| Standard Error of Predicted Value | .370     | 1.559   | .714    | .278           | 43 |
| Adjusted Predicted Value          | 20.8460  | 28.7692 | 24.9738 | 1.59931        | 43 |
| Residual                          | -5.91858 | 4.45886 | .00000  | 2.13487        | 43 |
| Std. Residual                     | -2.637   | 1.987   | .000    | .951           | 43 |
| Stud. Residual                    | -2.769   | 2.065   | -.013   | 1.011          | 43 |
| Deleted Residual                  | -6.52531 | 4.81712 | -.06681 | 2.42875        | 43 |
| Stud. Deleted Residual            | -3.058   | 2.162   | -.018   | 1.049          | 43 |
| Mahal. Distance                   | .165     | 19.282  | 3.907   | 4.181          | 43 |
| Cook's Distance                   | .000     | .368    | .029    | .062           | 43 |
| Centered Leverage Value           | .004     | .459    | .093    | .100           | 43 |

a. Dependent Variable: Relationship assessment scale total

**Normal P-P Plot of Regression Standardized Residual**  
**Dependent Variable: Relationship assessment scale total**





## **Experiences of the Stresses and Dyadic Coping in Trainee Counselling and Clinical Psychologists and their partners.**

**Jessica Parmar**

### **Trainee of Counselling Psychology, University of Wolverhampton**

This project aims to explore stress and coping in trainees on the Practitioner Doctorate in Counselling and Clinical Psychology and their partners. As a trainee in Counselling Psychology at University of Wolverhampton, I am conducting this research as part of my course requirement. This research is supervised by Dr Josephine Chen-Wilson, who is a senior lecturer in Psychology.

Not only will this research contribute to marriage and family literature by looking at how stress impacts on married and non married couples but the findings will also inform counselling and clinical doctoral trainees, their partners, academic staff and personal counsellors in terms of specific challenges faced by doctoral trainees and their families. Trainees will be able to understand the potential impacts of the training on their families with more realistic expectations before undertaking the course. Academic staff will be able to better prepare trainees about the demands of the course on them and potentially on their partners.

This study requires separate interviews with the trainee and their partners at a mutually convenient time and place.

**Trainees:** the interview aims to explore your experiences on the course and how it may impact on your life at home. Some exploration will be around your motivations to begin the course at this time in your life and how this decision has changed your life with your partner in anyway.

**Partners:** the interview aims to explore your experiences of how your partner, studying on the course has impacted on your life. Some exploration will be around how you experience this process and some of the changes you may have had to make.

You will also be asked to complete three questionnaires: Perceived Stress Scale (PSS), Dyadic Coping Inventory (DCI) and the Relationship Assessment Scale (RAS). These three questionnaires will be used as supplementary information aside to the interview.

The interview will last up to an hour and a half. With your permission, the interview will be recorded, transcribed and analysed using a Grounded Theory approach where a theory from all of the data can be generated. Interviews will be conducted separately within couples. Therefore issues discussed in the interviews will not be disclosed to anyone.

This research has obtained clearance from the Ethics Committee in the School of Applied Sciences. The recordings and transcripts will be kept confidential by being uploaded on a password protected

laptop. All of the data will be anonymised where identifying information will be removed from the transcripts and further publications of the study. The research does however require demographic information such as the age, gender, dependants, course and year of study. The data will be held in accordance with the University of Wolverhampton's recommendation of 5 years and then will be deleted off saved programs.

There is no known risk to participants when completing the interviews. You can withdraw your data from the study at any time without having to give a reason. A summary of the study will be made available in November 2014 upon request. Please feel free to email me near the time for a copy.

If you have any further questions or queries, please do not hesitate to contact me [Jessica.parmar@wlv.ac.uk](mailto:Jessica.parmar@wlv.ac.uk) or my supervisor [J.chen-wilson@wlv.ac.uk](mailto:J.chen-wilson@wlv.ac.uk).

[Please keep this record for future reference.](#)

[Thank you.](#)

[Jessica Parmar](#)



## **Experiences of the Stresses and Dyadic Coping in Trainee Counselling and Clinical Psychologists and their partners.**

**Jessica Parmar**

**Trainee of Counselling Psychology, University of Wolverhampton**

### **Consent Form Interviews**

I have read and understood the information provided in the Information Sheet. I understand that:

- I have been asked to take part in an interview regarding my experiences (as a trainee/as a partner of a trainee) on the course.
- I will be asked to fill out questionnaires regarding my experiences as a trainee (or a partner of a trainee) on the course.
- The data collated from my interview and the questionnaires will remain confidential at all times and will not be discussed with any other participants.
- I have the right to withdraw my data from the study at any time without consequence
- I am able to pause or stop the interview at anytime without judgement
- The interviews will be recorded and transcribed where the recordings will be kept on a password protected computer.

- Any identifying information will be removed from the transcript of the interview and only anonymised information will be used for further publications of the study
- I will be able to obtain a summary of the study in November 2014 by contacting the researcher via email.

I \_\_\_\_\_ (please print your name) consent to take part in a study conducted by Jessica Parmar.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for your time.

## Appendix J

### **Trainees:**

How are you finding the course?

How are you finding the balance within the course of placements and academic work?

How has undertaking the course impacted your life personally?

How do you think undertaking the course has impacted on your relationship with your partner?

How satisfied are you with your relationship?

How do you find the work/life balance?

What, if any adjustments have had to be made as a result of beginning the course?

What support do you have?

How would you define your role in the relationship now?

Has this changed in anyway since starting the training?

Have you noticed any changes within your relationship dynamics since beginning the course?

What stresses do you experience as a result of your training?

How do you think you cope with these stressors personally?

How do you think you cope with these stressors as a couple?

Is personal therapy a requirement for your course?

(If applicable) How has engaging in personal therapy impacted on your training?

Has engaging in personal therapy altered anything for you?

How so?

Has engaging in personal therapy impacted on your relationship?

How do you think it has impacted on your relationship?

**Spouses:**

What were your thoughts when your partner began the course?

How do you feel now that your partner is on the course?

Have there been any adjustments to your life?

How satisfied are you with your relationship?

Have there been any adjustments to your relationship?

How have you coped with these adjustments personally?

How have you coped with these adjustments as a couple?

How do you see your partner when faced with challenges from the course?

How do you support your partner through this?

Have there been any challenges you have faced regarding the course?

Have there been any challenges for you as a couple as a result of the course?

What stresses do you experience as a result of your partner training on the course?

How do you experience your partner's work/life balance?

How would you define your role in the relationship now?

Has this changed in anyway?

**Additional questions for couples who are both trainees**

What are your experiences on the course with your partner also studying in this field?

Has anything changed between you as a couple since beginning the course?

Tell me about this

How do you deal with stressors from the course?

How do you support each other?

Are you both at the same stage in the course?

How are you finding this?

What have been the challenges?

How do you think you have tried to deal with these?

Have there had to be any changes to lifestyle?

Tell me about this

How would you define your role in the relationship now?

Has this changed in anyway?



## Benefit/Positive aspects of case 2

KN counselling trainee 3

- 1 R- erm ok so if you begin if you wouldn't mind letting me know what course you're studying in
- 2 K-ok at City university, London, erm and I've started, I've just started you know 2 weeks ago my third
- 3 year erm doing the professional doctorate in counselling psychology and erm ye (.) last year (laughs)
- 4 R-yes! And erm how are you finding the course overall?
- 5 K-err (2) well its quite err a challenging experience, I think err like no way I could have anticipated,  
*not expecting how hard the course*
- 6 you know how it will be like before I started, erm (.) so yes its been so far 2 very challenging years  
*challenging time*
- 7 err very very busy (.) ye and too many (.) things too (.) to balance like you know th-e, the university,  
*A lot to take on*
- 8 and the coursework, placements-err the thesis, you know life in all kind of you know err (.) it gets too  
*A lot to balance course & life*
- 9 much at times=
- 10 R=yea=
- 11 K=but err you know the other time, I'm, I'm quite fond of what I do, I enjoy it you know its just that  
*right decision to do the course*
- 12 its, its a fine balance, I lose it some weeks and I find it and some other weeks so=  
*balance tips out of the time*
- 13 R=yea, yea
- 14 K-so its like that
- 15 R-hopefully we'll go into a bit more detail in that a bit later on, erm so what does it mean for you to
- 16 be on the course?
- 17 K- (2) erm (3) you know it was like (2) this is my dream you know do that and err I moved err I moved  
*course is her dream*
- 18 (.) from Greece (.) err to the UK (.) to be able to study this course because my home there was err,  
*changed countries to do this*
- 19 there was no option of doing err any such training, err so it was really very, its very important for me  
*committed to doing this*
- 20 and you know my (.) my family also have invested a lot in, in me doing that you know really, they're  
*support from family*
- 21 funding my course and my living expenses, everything so its quite a big err (.) investment and err on  
*investment from family - grateful*
- 22 my part you know I've been living here for the last 2 and a half years and erm (.) you know I'm really  
*committed*
- 23 (.) dedicated in this, its like err (.) I don't know how to put it there's like, it makes me, it takes up  
*Emotionally Challenging*
- 24 loads of my emotional investment if that makes sense?
- 25 R-uhhum
- 26 K-err I know its a professional err training err its a professional qualification that we looking at but (.)  
*professional but nature of*
- 27 its quite personal to me ermm (3) all the work with the clients, my own professional development,  
*Personal impact*
- 28 you know, its a personal thing as well, I, I can't quite distinguish err the two erm (3) so yea and you  
*difficulties in separating client & personal*
- 29 know at the end of the, of the training I guess you know I do see that this is err, as the opening of a  
*At the end*
- 30 new (.) kind of life you know err something that I don't think I've experienced so far you know to, to  
*Opening to a new career*
- 31 work in this profession and getting paid and be able to have a normal life if that makes sense  
*looking forward to a normal life*
- 32 R-so you mentioned is it, that its quite personal to you as well=
- 33 K=yea=
- 34 R=as the emotional impact erm can you go into a bit more detail about that

difficult  
balance

normal  
my life

personal  
fact

it is  
normal

in vivo  
"going through the  
motions"



35 K-so like ermmm (3) I, I don't think you know, I, I kind of come to think of you know the personal and  
 36 the professional you know I see it like a continuum rather than as a different sphere if that makes  
 37 sense (.) and err I've noticed you know that when something happens err at uni or when something  
 38 happens when I'm at placement you know err (.) whether its you know its the work that I did with a  
 39 client or the feedback that I got from supervision you know, that I cannot make strictly define as  
 40 professional you know let it go when I leave the place or when I go back home no, its kind of  
 41 constantly there you know (.) many times you know err I know I'm going to sound this is gonna  
 42 be crazy (laughs) but many times you know these are my last thoughts before I sleep at night and  
 43 these are the thoughts that which I wake up (.) in the morning err sometimes you know err err did  
 44 you do this, did you check that err you have to send an email to your supervisor, you got to do this  
 45 errm you know it kind of leaks in to all different err stuff and err-rr I mean you want me to say more?

46 R-(nods)

47 K-like and like ermm you know like for example last year (2) last year the second year was a very  
 48 difficult year for me because err (.) you know I felt quite depressed at some point errrrrr I think that  
 49 this is quite common in the things we experience (laughs) but erm it was quite tough for me (.) and  
 50 then you know I had a very a bad relationship with one of, one of my (.) supervisors you know with  
 51 our relationship in which I felt bullied and criticised and, it was really hard and err so I think this, it  
 52 its kind of like a impacted on it all you know last year err the pressures that I had and you know I was  
 53 out of work erm and thinking how I'm gonna make (.) things happen with all the things on the course  
 54 and when I'm seeing clients or I have a lot of course work to do, so that kind of all together impacted  
 55 on me err I felt like giving way err I was quite depressed and (.) because of that my personal life, was  
 56 suffering (.) a lot, like I kept thinking you know, cause I live with 2 of my best friends and err (.) I  
 57 mean I'm, I was aware enough, self aware enough that I was becoming quite cynical, I would snap a  
 58 lot and err you know coming out of that I was like I wonder how people you know put up with me  
 59 (laughs) (.) going through that err thing and err and especiall-y with Miguel as well who's so out of  
 60 this world that we're in, because he also believes he can also train in psychology so we are  
 61 (inaudible) (laughs) well you know my partner he's not (.) involved with this (.) with this thing you  
 62 know so to him it doesn't really make sense (.) why you know, he, he, he kind of feels that  
 63 sometimes that he genuinely believes in me if that makes sense like all that I have to go through all  
 64 the other (.) shit and that, that's very, sorry excuse my French, its very little left for him sometimes  
 65 at the end of the day

66 R-hmm and it sounds like you're very aware of that at times as well

67 K-yea, and (.) its something that I felt quite guilty about at times you know when I can afford to (.) to,  
 68 to feel bad you know all these things going on around me had, err had impacted on my relationship  
 69 (.) I mean you know last err (.) last Christmas I was really you know that was err, the worst of times  
 70 for me you know feeling very depressed and err (.) yes and err at some point I come to realise to  
 71 think I wasn't normal (.) it was very tough you know cause I think that err I really have nothing to  
 72 offer, this is how I felt, really (.) drained err (4) so yea its a good thing that I didn't err end it, err it  
 73 was my plan but err ye (2) I can, I, I, I can see how these things you know are very interrelated and  
 74 err you know like the opposite side like I think, you know in order to keep sane if I can put it like that  
 75 and to be effective in my work with clients to be able to contain you know their problems and  
 76 anxieties, its very important that I, that I have a personal life that is quite rewarding and stimulating



- 77 and err emotionally soothing if that makes sense err cause otherwise you know I just (.) I, I really  
 78 don't know (.) how I could cope err
- 79 R-ok so then how did you er you mentioned that second year was quite a tough year for you, how  
 80 did you, you know get out of that and *in vivo code*
- 81 K-(2) err I think it, it definitely didn't happen err overnight (.) err (2) I think for quite a few months I  
 82 was just going through the motions without quite understanding (2), err what is happening you  
 83 know just err instead of just contain, contain, contain err that kind of thing and people going and  
 84 stop and help me through it and that was a quite a err big err thing for me to notice that I could feel  
 85 so exhausted, drained and err emotionally blank, you know like nothing really you know gave me  
 86 any pleasure or err, err or touched me err (.) lost ah you know see I can keep on going you know  
 87 work to meet my deadlines, I was feeling you know err really irresponsible err in my placement you  
 88 know the work with my clients or err try to (.) be professional with my supervisor, you know that was  
 89 something I didn't expect and it was really like you know this kind of err (2) I dunno if its just the  
 90 training, I think its (.) the job (.) overall that you don't really get (2) err how can I say (2) you don't get  
 91 to call sick, you don't get to you know I'm not really in the mood to work today, there's not that kind  
 92 of thing you know to say, like even days that I felt like err bad I, you know I have to call like err 6  
 93 people and so tell them that (laughs-puts hand to face like a phone) like I can't come into work today  
 94 and that like of like makes it more difficult there's the emotional chain of you know, 6 people where  
 95 I have err a responsibility err you know I can't just err (2) you know disappear for this week=
- 96 R=hmm=
- 97 K=it is something you just don't do err so ye just keep on going (2) and err at some point you know  
 98 there was ticking of boxes you know like I did this and yea I did that erm it was very gradually that I  
 99 started you know kind of feeling a bit better, I think when I signed off for the second year you know  
 100 it was very err (.) emotional day (.) for me and err then you know we, we took a holiday with Miguel,  
 101 for a few days (.) and err and that was really very helpful, err that I had some time you know to just  
 102 be you know normal again err trainee counselling psychologist err you attached my computer like its  
 103 an extra limb and you know err always err in my diary about the clients and all that ermm and you  
 104 know to spend, just to spend some time with him, appreciate you know the simple stuff in life you  
 105 know wake up in the morning, go for a walk, have a nice meal you know (.) simple stuff and err I  
 106 think that really (.) helped me err put things into perspective cause that's, that's something that I've  
 107 been missing a lot this time when things were quite err, tough err (.) I forgot kind of you know the (.)  
 108 the joy of little things you know the (.) ye keeping the balance
- 109 R-hmm, it sounds like, its almost you lost yourself in actually, you know the whole life was about  
 110 being a trainee=
- 111 K=yea=
- 112 R=you know, who you were=
- 113 K=ye (.) definitely I think that's a very (.) its a very sore spot err (.) I had lots of my friends going  
 114 through the same thing in the psychology, (smiles) we could, we could relate to each other you know  
 115 and say you know I hear you're going through that as well err but err I, I saw it on a practical level  
 116 that its very important to be aware of these things and try and keep this, this (.) balance you know



- 117 cause err otherwise *Realising the hard way* and also just you know there's no point you know cause life has err no  
 118 meaning (.) when things are like that err even though you know I love my job and I love this training  
 119 you know I can't see it as something that just err eats away at stuff from me its not err a good  
 120 dynamic er to have with err (.) what I'm doing erm (.) so yea I mean err I'm starting the third year  
 121 with what I was thinking that, you know I really (.) err have to (.) try be here and err (.) you know,  
 122 like do more stuff, live a bit more er I know its quite tougher this year because we have the thesis  
 123 and lots of work erm (.) but still I think er so far (.) I'm doing a lot better (laughs)=
- 124 R=uhum=
- 125 K=than I did last year, yea
- 126 R-ok, erm and how are you, you mentioned a bit about it before anyway erm how are you finding  
 127 the balance within the (.) course itself so, placements and the academic work, how do you try and  
 128 balance that
- 129 K-(3) well that's like, it, it kind of err *All course - difficult to balance* I don't think there's lots of balance there, I think its really  
 130 chaotic and you know err I have like err 2, 3 different things er that I'm doing at the same time (.)  
 131 and err it would be always you know, there's always an overlap, there's always you know do this for  
 132 one hour and then chop it when I get tired because it can link on to something else and then go back  
 133 and go back (.) erm (2) so yea you know I think I ha- *Switching & changing* I'm quite careful (.) with err how I manage my  
 134 time er (2) I don't go out as much as I like to sometimes, and sometimes I don't spend so much time  
 135 relaxing at home as I'd like to, cause its kind of a, err a pressure or the compulsion maybe (smiles)  
 136 that every time, you know, e, every hour that I spend home, I feel that I, I should be doing something  
 137 you know, I shouldn't be you know sitting on Facebook or watching tv, I should be working on  
 138 something, so that kind of falls to the fact towards, pretty much (laughs) working on something all  
 139 the time, erm (.) from then on you know err (.) one thing I'm not really good at is prioritising so  
 140 there's not that you know first I have to do this thing for the course and then I have to this thing for  
 141 the placement its err everything mix, mixed and its just, accessing it at the time (2) erm so ye I think  
 142 like personal life suffers a lot (.) if I do that, yea
- 143 R-erm and then you mentioned about kind of doing everything at the same time within the course  
 144 aspect, how do you kind of manage it, how do you manage kind of doing it all
- 145 K- (4) sometimes its at the last minute then I just manage but errrm you know (.) as far as I can you  
 146 know, I try to start things quite early on and err I'm always reading something, that's the things that  
 147 err if I, if I stop doing it for some time, then it takes me (.) quite longer to get back into it so I always,  
 148 I always do something, whether its not directly related with the, with the coursework that I have to  
 149 do, like we have a client study for the end of November, this is something that I started working on  
 150 (.) from now (.) and at the same time I'm working on my, my, methodology for my thesis and at the  
 151 same time I'm reading a bit for date with everything *Starting things early + fear of forgetting things*  
 152 uni every week so, so its kind of like, like doing the lot of it you know, a bit of this, a bit of that and a  
 153 bit of the other thing=
- 154 R=yea=
- 155 K=I don't know if I answered your=



- 156 R=yea no you did, thank you erm (.) so in terms of placements (.) err how you finding the  
157 placements, the supervision and kind of the emotional impact of it as well
- 158 K- (2) well erm (2) you know I <sup>Enjoying Frontline</sup> greatly, enjoy working with clients, erm (3) erm I'm trying to think  
159 that (2) you know it is something, that is quite err (.) <sup>Emotionally rewarding</sup> emotionally rewarding for me and err (.) very  
160 stimulating even at times where I start the day saying you know I really don't wanna play shrink  
161 today (laughs) you know this is like my line sometimes I have I don't want to play shrink today but  
162 then you know when I go there you know, I actually (.) <sup>Get into it</sup> I always err feel very you know involved and  
163 very communicative and err I always feel that I try to (.) <sup>Passion to support clients</sup> do my best, if that makes sense erm and it is  
164 something quite you know I, I mean I see them all linked, to something more personal at the same  
165 time (.) er, (.) but this is as well I have very good experiences and I've had horrible experiences a, as  
166 well, these all relate back to how I see myself or how I feel with myself after I leave the (.) the place  
167 err one thing that has definitely (.) impacted how I feel with err you know the placement aspect of  
168 the training is the financial issues where you know getting through the first year I'm kind of (.) I'm  
169 kind of you know tired of working (.) for free (.) <sup>sick of volunteering</sup> this has really started to get into me cause err (2)  
170 you know I work around err, mm yee, I think around 15 hours a week, for free and err on top of that  
171 you know I'm working my other job, to earn some money and it, it kind of makes it too much you  
172 know, lots of demands being asked of you erm (3) do you want me to say more about the, like the,  
173 stress of the, can you repeat the question please? <sup>Stretched in diff directions</sup>
- 174 R=yea err so I was asking about the impact of supervision if that's been a support for you and kind of  
175 the emotional impact of the clients and things, have you noticed any emotional impact and have you  
176 dealt with that
- 177 K-ok so supervision, I mean you know everything was ok until I <sup>tainted supervision</sup> had a very bad experience with one  
178 of my supervisors, I mean until then (.) <sup>scared by supervisor</sup> err supervision was always giving me something to think  
179 about, to reflect on err try to link it with my own personal experiences to my own personal therapy  
180 you know it kind of <sup>was a good experience</sup> gave me this space you know erm what's going on between me and my clients,  
181 me and my therapy, me and my supervisor kind of, err linking all these different things and (.) it used  
182 to be a place where I felt quite err contained and supported err and then you know in my second  
183 year I had this err (.) <sup>scared by supervisor</sup> this very bad experience with this supervisor that err (.) it totally changed the  
184 way I see supervision as a big thing, it was quite a <sup>Difficult time - tainted supervision</sup> bad experience (.) and you know he, I and feel  
185 you know that it was a bit worse for me because we were such an unfortunate match with this err  
186 man, person, because you know err I think its quite err, fell into my pathology of trying to err, prove  
187 to you that err mm, I'm good enough or I'm strong and things can get better than this so kind of like  
188 that and that was really exhausting and erm (.) at that point you know I felt quite erm attacked at  
189 supervision and I also felt that, he was attacking my clients and that was a very sad, place to be you  
190 know feeling that I had to (.) <sup>Protector & victim role</sup> protect my clients with these issues and I hope that this doesn't make it  
191 sound a bit traumatic but it was really, quite bad and I erm (2) so yea that was errr, that was a very  
192 difficult for me because at the point you know with the service is really complex clients (.) I had lots  
193 of (.) clients going through really difficult times you know, there were risks involved you know (.) risk  
194 for self or risk to something else you know, in other ways and I felt that I really had no support in  
195 dealing with this and that was a time where my work with clients had very (2) err (.) very big impact  
196 on me, lets say I would err, I would go to placement, I would work at this placement twice a week so  
197 my second day was Thursday, I would work there on Thursday I would leave until the next time I  
198 would go, there was not one day that I wouldn't think of my clients = <sup>By responsibility</sup>



199 R=hmm=

200 K=you know like, what's going on him and I wonder if I'll see him next week, I would wonder how it  
 201 went, I wonder if she's alright, if something happened would they have called me, it was like always  
 202 there err and erm I realised that you know this is not normal both you know to carry, so much,  
 203 during the week you know I'm not supposed to think of these things you know when I wake up in the  
 204 morning or when that I'm you know for example when I'm sat with friends you know, and erm the  
 205 best thing that I could do you know and I did I think was err go private supervision, so when I  
 206 realised that this is (.) getting way out of hand and erm, I thought that it was good for me to self care  
 207 and you know be responsible for my clients cause when I thought that there was (.) really blurred  
 208 boundaries between me and my supervisor, I was feeling you know that this will transfer somehow  
 209 (.) in my relationship with my clients and err so you know I went private supervision for as long as I  
 210 could afford it, I must have done it for like 6/7 months may be a bit more and err that was really (.)  
 211 very helpful you know it kind, of (.) balanced out, you know the negative feelings that I had, I kind of  
 212 started feeling again that err you know supervision is a place where you can be open=

213 R=hmm=

214 K=and genuine and err expose yourself cause this is, this thing is very important when you work with  
 215 people, I need to be able to expose myself, to talk about my thought processes and to talk about the  
 216 feelings that I have when I work with some clients and err whether its err good thing in supervision  
 217 or its kind of used, against me erm, you know it doesn't really work, but erm, let's see only, its been  
 218 quite some time now but erm, still find it very, very difficult to respond that question like err (.)  
 219 how do I feel about supervision or err what's the impact of supervision on me (.) err I think to other  
 220 interviews for other placements and when they ask me that question, I think this is where I messed  
 221 up (smiles) cause it was just you know, it was just, its still quite err loaded, quite emotionally loaded  
 222 thing for me

223 R-ok, thank you erm, so moving on to your, personal life and social life, how is the, course kind of  
 224 impacted on that?

225 K-(.) ok, so I, I think I said like with the, the negative parts you know that its the lack of time and then  
 226 sometimes its the lack of energy, its those things, you know, erm and also I think most of my friends  
 227 are counselling psychology trainees (laughs) which again a quite a big err change erm (.) I think  
 228 there's a positive aspect to that as well I mean I think it has made me quite err (.) softer as a person  
 229 (.) I'm quite more err (2) I'm quite more open, you'd say to be emotionally impacted, I mean, I kind  
 230 of had this idea (.) about myself that I was quite err tough cookie you know and erm (2) erm (.) yea  
 231 and err since starting this course you know I err I think I've changed a lot you know err I'm much  
 232 more err able you know to, to feel things and to show that I feel things you know erm I cry a lot  
 233 more easily which I think is a good thing err I don't just cry when I'm sad, I cry when I'm happy as  
 234 well (laughs) sometimes, erm it has definitely made me (.) come more in touch with my feelings and  
 235 erm it has made me quite softer on other people, erm (.) I mean there has been, I told you there have  
 236 been times where err I was quite err depressed and I feel that I was quite, you know cynical and  
 237 punitive erm (.) but apart from that (.) period you know (.) I think it has, helped me relate more erm  
 238 (2) in a more meaningful way with others, and kind of (.) you know, it kind of happens automatically  
 239 now that erm when I meet someone I am kind of more involved to, take a third person perspective if  
 240 that makes sense? =



241 R=mm=

242 K=I'm not so confused with my own thoughts and my own experience, and I'm not saying that  
 243 (inaudible) course or whatever but I think it definitely <sup>new insights</sup> changes, the way you know I think about  
 244 relationships I mean, I try to relate with the other you know the way I feel other people's  
 245 experiences so that has definitely changed a lot, err <sup>more emotionally stable with self & others</sup> I've become a lot better in <sup>acknowledging emotions</sup> sitting with  
 246 emotions erm and that has made my life a bit easier, I think because <sup>comfortable with emotions - changing peer group</sup> there's much less <sup>honest with self & others</sup> there's  
 247 much less drama, I tend to be around people who are much more grounded erm <sup>able to share & be open</sup> you know my  
 248 relationship has become lots more erm (2) rewarding and in a way they're more closer to my core if  
 249 that makes sense, and err because I do not have enough time to go out, I spend a lot less time you  
 250 know <sup>meaningless - no time for it</sup> how can I put it like you know this social chit chat that you have you know that kind of <sup>less time for meaningful</sup>  
 251 not so meaningful you know, you just keep, you just go, do these things just to fill in some time, you  
 252 know I don't know how to say, I don't have time (laughs) for one thing, and err I'm too bored <sup>needing more emotional & relational stimulation</sup> so

253 R-ye, it seems like you, get more enjoyment out of kind of more meaningful-  
 254 K=yea, yea, without that meaning that everything has to be very serious but I, I've come to  
 255 appreciate a lot more you know <sup>still likes to joke</sup> erm being with people that I <sup>enjoyment and of genuineness</sup> that I can be really genuine with you  
 256 know meaningful shit you know but then we might talk about something that is quite err <sup>relating deeper to others</sup> (.)  
 257 significant so errr, just that kind of thing there and err yea I think that it definitely made me more  
 258 able to handle my personal relationships in a better way err I'm a bit less selfish, err a bit more  
 259 caring erm ye

260 R-so it sounds like, you know although you mentioned some negative aspects, but there's also lots of  
 261 positives=

262 K=ye, ye ye because they are there, because they go together, it enables me to, its quite difficult  
 263 sometimes you know to hold both these things in mind err but I do you know, like err everytime I'm  
 264 sitting on the one pole, like let's say the negative erm <sup>aware of benefits - keeps her going</sup> (.) I'm just trying to deal with this right now  
 265 you know <sup>keeps her going - light up the clouds - not all bad</sup> (.) I still have in mind you know that, you know you can think that this is quite important  
 266 you know, <sup>Positives & negatives</sup> I still have so much guilt sometimes <sup>sometimes easy to block negatives & get on</sup> (inaudible) erm so yea they go hand in hand yea and I  
 267 know life is easier when you're not aware of such things and its just acting reactions you know  
 268 there's less time to think and reflect and all that but erm may be you know, may be its that erm I'm  
 269 growing older as well <sup>more on her plate to just reflect</sup> (.) I think that's also, also part of it, you know erm <sup>older & wiser?</sup> (.) things have a different  
 270 weight and a different quality in them but definitely, the training I think <sup>changing life priorities</sup> err (.) one of it means part  
 271 of it err at least the way I see it is kind of it you know like to break it down in pieces and then you can  
 272 like reassemble <sup>have to rebuild with self in mind</sup> (.) yourself back again <sup>break down - difficult</sup> (.) very good thing there you know

273 R-uhum, thank you erm, how do you think erm that undertaking the course has impacted on your  
 274 relationship with your partner?

275 K- now you see I met my partner when I had already started the course (laughs) err but it was very  
 276 early on, like erm (5) I was like erm <sup>not partner came on</sup> (.) 4/5 months into the course when we got together and erm  
 277 (4) you know I mean at first, like for the first erm <sup>rose contact</sup> (.) 2 or 3 months (.) we live like 3 minutes away  
 278 from each other ok, and err <sup>confidential meeting</sup> (.) we met totally by accident, we didn't have any common friends or err  
 279 like you know erm (3) erm and you know at first you now, we were quite erm <sup>both had own lives</sup> (.) not distant but er I  
 280 clearly had my life, he clearly had his life, the time that we spent together was much more err <sup>separate person</sup> (.) err



- 281 you know defined like you know we have this 2 hours together today and it took quite some time for  
 282 us to become a err pure couple like this is like 2/3 months you know not too much for me I found it  
 283 quite err normal you know to lead my way to a err (.) relationship (.) erm I think from the beginning  
 284 there has been a lot of bargain because of the course like err (2) ok we meet for 2 hours; then I have  
 285 to work and then you have to go home and I need to work, and err (2) at, at first it was you know I,  
 286 quite, everything was like an hour and err 3 or 4 times here or there and we fell madly in love and  
 287 you know parting becomes tougher and tougher erm (.) like you know even today you know he, we  
 288 made plans like he knew that you were going to come here have the interviews and we were gonna  
 289 have a yoga training and then I would go and then work and then you know in the morning we're  
 290 having breakfast or something you know, you shouldn't come to yoga today and you should go back  
 291 home and do work and bla bla bla and he was like you know ok its fine you know do what you have  
 292 to do, it doesn't matter bla bla bla and err (.) but then I remembered that you know he was  
 293 supposed to work today (.) and he didn't work cause I asked him you know you have to do the  
 294 interview and then we go to yoga da, da da and err I feel very guilty you know there's always that  
 295 thing you know erm (3), ye, yea I think that's a major impact and then you know that erm, for  
 296 example you know he's a-a, he's a professional err he earns money you know err I don't earn, I earn  
 297 some money you know but as a student you know working mainly part time and then working from  
 298 home you know my finances are, you know I think sometimes I'm below the poverty line (laugh) I  
 299 can't; you know I can't do things you know that we could've done, if we were both working like err  
 300 err you know the weekends, you know first of all I have to work pretty much every weekend you  
 301 know like let's take a weekend off we just go you know just drive you know in the countryside not  
 302 necessarily go to somewhere out, outside (.) the UK, I can't do that and erm (.) you know like when,  
 303 when we gonna go out and all that everything has to be sort of a bargain you know everything is you  
 304 know in a quite fewer (.) levels than what I would've want you know to err or to what I wana do and  
 305 err (.) then its you know I think the worst part (.) is the time that we spend that we spend together  
 306 because there's not enough time cause err you know he's a freelancer cause he works quite erm  
 307 weird hours as well but then you know its err comes err (.) on week days I work from 8 o'clock in the  
 308 evening until 10/12 at night these are what I work you know during the day I'm at placement or at  
 309 work or you know so the time that I have to, to study a bit or work is at night which is the time that  
 310 you normally you know be with your partner, "what time will you be you know Anna?" you just the  
 311 normal stuff that the couple does and er (.) you know on one hand, like we live 3 minutes (.) from  
 312 each other and err you know so many times I, you know if I was working you know that maybe (.)  
 313 you know if I had a normal life erm (.) we might (.) you know we might be talking about living  
 314 together and all that but (.) right now I'd like to you know as I experience these situations in my life  
 315 errr I wouldn't want that you know I couldn't, I couldn't afford the you know (.) its far more  
 316 convenient for me right now to live with 2 other students=  
 317 R=hmm= (E)  
 318 K=err and share you know that in a more relaxed way you know erm, that it would be you know to,  
 319 to live with, with my boyfriend,=  
 320 R=hmm=  
 321 K=even though I love him you know and I'd love to live with him you know its just the way things are  
 322 right now its just, its not really (.) possible erm (.) so yea, I think it kind of keeps me (.) from erm (.) I



323 mean we do have an adult relationship, <sup>defending her commitment to bf</sup> its just that there's some parts of it that I can't really (.)  
 324 can't really go to, at least until I've done my training and get a proper job=

325 R=hmm mm, so it seems like this is kind of a transition period, the course and=

326 K=yes that's it, and its a transition that you know yea that's exactly the word, <sup>changing period</sup> its a transition that  
 327 takes, 3 years, may be more than 3 years because I dunno if we're gonna need some time, extension  
 328 or, but its definitely a 3 year transition and its not an easy thing to be a 30 year old student=

329 R=hmm=

330 K- you know and I get it that you know, <sup>understands the investment</sup> I mean I dunno how, how I would feel if I was with someone  
 331 who was in their 30's and was a student and you know and I want to do stuff like I wana go to the  
 332 theatre or you know I wana go to a gig and I believe they wouldn't be able to err afford the you  
 333 know I mean erm (.) Miguel's very err understanding and he never makes me, I mean he guilt trips  
 334 me sometimes but not about stuff like that you know erm (2) so yea I can see that it is, its definitely  
 335 a challenge and its a challenge for me as well how I see myself erm (2) that I would like to be able to  
 336 offer, more in my relationship, more of my time more of my (.) err emotional energy, if that makes  
 337 sense=

338 R=hmm

339 K=and I can't (.) you know like you know like some, <sup>hands are tied</sup> sometimes you know when I work evenings (.) I  
 340 come back home you know after seeing err 4/5 clients back to back (.) I don't wana talk to anyone, I  
 341 don't wana cuddle, just I don't, just leave me alone for one hour you know clear my mind, do my shit  
 342 I dunno (.) sit down on Facebook or you know watch a bit of tv, cause its what I need to do=

343 R=hmm=

344 K=and that's not always err ok I think <sup>shouldn't be unwinding alone</sup>

345 R-what makes you think its not ok?

346 K-(.) because you know its kind of like erm (.) I dunno if that's what, if that's my thing but erm (.) I  
 347 feel sometimes that I'm taking, that I'm taking stuff away from him you know, err I would like you  
 348 know err to be more err emotionally available, I would like to be less tired I would like to have less,  
 349 some nights when I don't have time, I err I tell him I don't wana meet today, I just wana be alone (.)  
 350 erm (2) so yea, yes that's I think, that doesn't make me feel so good=

351 R=hmm (.) and I guess its kind of that needing to look after yourself as well that=

352 K=yea (.) yea=

353 R=and trying to=

354 K=yea and sometimes <sup>needing time alone</sup> looking after myself is not necessarily about being with my partner or being  
 355 with people around me (.) it felt a bit (.) strange as well, I mean, I, t, you know most of my, trainee  
 356 friends they, you know they relate on that, you know they get its the same for me da, da da but it  
 357 still doesn't make it easy

358 R-hmm (.) thank you erm and um at the moment now, how satisfied are you with your relationship=

359 K=I'm very satisfied (laughs) (2) erm (2) you know ye, I'm very much in love you know the more (.)  
 360 and that's the thing you know the more that we are together, the better that I feel about him and,  
 361 the better I feel about this relationship and erm (2) you know I, I feel, you know sometimes I feel I  
 362 still can't believe you know that I gotten to meet him and that I'm with him and err he loves me so  
 363 much and he's so understanding and he's so (.) thoughtful you know and he erm he tries to stand by  
 364 me and not to make me feel bad and err you know not being available or have always work to do,  
 365 and err (.) not get a weekend off from everything and always have to bargain with him you know err  
 366 and I really you know I'm really aware of that and I don't, I try not to take it for granted cause its not,  
 367 I know its not for granted I see it (inaudible), I know in the summer time that he will be erm, he has  
 368 to take a step backwards you know (inaudible) yea I'm very much in love with him, you know there's  
 369 times when we manage to take some holiday and get away from everything (.) and like its really (.)  
 370 magical you know its like err (.) really its like the 2 of us and nothing else matters (.) and the  
 371 weekends also, or its just the Saturdays that we have, sometimes we don't, we don't have a  
 372 weekend err then you know we might spend a whole day (.) home you know like just relaxing,  
 373 cooking together, reading, sleeping and you know that's really precious time for me erm (2) and you  
 374 know quite erm I'm quite looking forward to you know to when this whole thing is over-r you know  
 375 and err if everything goes well, I will get my doctorate you know then we can have more space you  
 376 know we can be more of a (.) couple, you know=

377 R=hmm=

378 K=I'm really looking forward to that  
 → end of the tunnel - life can resume

379 R-hmm, (.) ok um, you talked a little bit about kind of the work/life balance so how are you  
 380 experiencing that, work, work /life balance and from what you were talking about earlier saying that  
 381 its been, hitting more towards the work uni wise and things=

382 K-and placement wise and err, the work that I do to earn money erm (.) for me like, its a very fine  
 383 balance for me and its not, erm there's not a set equation there's no (.) golden recipe, like some days  
 384 are much better (.) than others erm (.) I think that I've had a successful week when I'm able to you  
 385 know (.) meet my friends, you know like (.) have a dinner once a week or once every 2 weeks you  
 386 know when we all meet together and erm, that and then you know (.) a week that I (.) I need to  
 387 see Miguel at least twice a week or three times to feel that you know that this is, a successful week  
 388 you know if that makes sense=

389 R=yea=

390 K=err so its a very fine balance, and I think you know at times like when we approach err deadlines  
 391 or you know its at the end of the year and there's a lot of err pressures of getting the hours, doing all  
 392 the logs and all the things err these are times where there's nothing you know there's nothing to  
 393 balance because everything is focussed on the course everything is focussed on placement erm (2)  
 394 kind of like that (.) ye

395 R-so it sounds like especially when there's pressure hot spots almost that, that just ties you to the  
 396 course=



397 K=ye, ye yeye and that's very clear that erm (...) I mean that (sighs) you know these are the times  
 398 where I don't feel guilty about things (laughs) err cause let's just say, you know when it comes to this  
 399 there's just no negotiation you know this is what I need to do and err that's it, that's the other things  
 400 you have to err shut everything else down (...) and go do my thing so (...) yea

401 R- ye

402 K-I can call it err you know its kind of an autistic mode like even if I have people talk to me, I don't  
 403 quite communicate (laughs) if that makes sense=

404 R=ye=

405 K=I can't even make eye contact when I'm like that you know, I feel in a daze with my own thing so  
 406 ye

407 R-hmm ok, erm and what if any adjustments have you had to make as a result of, of starting the  
 408 course?

409 K-erm (...) one major adjustments that I made was coming to this country err and err definitely a  
 410 changed lifestyle cause err before the course I think, I had a much more er comfortable (...) life (...)   
 411 money-wise and time wise erm (...) I dunno like it might sound superficial of whatever you know but  
 412 I, I could you know get a manicure when I wana have a manicure you know do my hair when I wana  
 413 do my hair or (...) err I could go out for dinner with my friends when I wana and errrm (...) I would stay  
 414 out late, for longer you know it was like, everything, everything I can do without much difference  
 415 and erm (...) being on the course you know (...) I think the financial burden is kind of you know (...) top  
 416 in everything, it creates changes (...) in the way I live my life and how I prioritise err things you know I  
 417 mean its not just the fees you know its the (...) its also the living expense because London is a very  
 418 expensive err city to live in erm its like you know the, the way I spend my money like you know I, I

419 live in a house with another 3 people err this is very relevant you know (laughs) its not how I used to  
 420 live before I started the course you know where I had more money or more bigger proportion of my  
 421 monthly erm (...) wage you know (...) for me erm so yea erm money, space err what else did I wana say  
 422 then there'll be other things that you know (...) paying for supervision, paying for seminars, so its not  
 423 just the course you know, it is loads more you know I will go to a (...) workshop you know=

424 R=hmm=

425 K= I prefer really not to particularly, I will go to conferences, I will go to seminar, I will buy new books  
 426 err both for my research and my placement and for everything else (...) so the way I spend my money  
 427 is very different; I, I don't buy clothes err, usually I buy clothes when I start a new placement or  
 428 something around that, you know there's always and the clothes that I buy now are kind of more  
 429 generic, they're clothes that I can wear both (...) when I go out, and when I go to placement so then I  
 430 can't afford have just work clothes so I have to fall somewhere in, in between that, these all sound  
 431 like little stuff but it does make a big difference (...) it changes the way I live my life (...) day after day  
 432 you know (...) erm (3) yea so m, major adjustments, and with my, with my relationship cause you  
 433 know I have had relationships before and I kind of thought that it would be erm (...) easier to plan  
 434 things be easier to you know (...) like you know in the past I was living with err my partner and err I  
 435 know that when we decided on something together (...) err there wasn't all these things to think



- 436 about seriously now its like err i can't even think about it now, but when i finish the doctorate then +  
 437 you know= <sup>Rel progress is hindered</sup> cause is a priority - putting off plans
- 438 R=hmm
- 439 K-I can deal with that (.) but yea major readjustments, in every aspect (.) of my life  
<sup>improvement on life</sup>
- 440 R-ok erm what does it mean for you to, to have to make these adjustments?
- 441 K-(5) you know I think I kind of (.) not (.) really think about, its just err, it is what it is and you know  
<sup>just get on with it - deal with it</sup>  
 442 that's, that's just it cause you know it, its like you, like I answered er again you know its just the done  
<sup>no time to mull over</sup>  
 443 thing, I don't really have the time to think you know, err oh shit you know really like you know this  
<sup>no chance to dwell</sup>  
 444 and this and that, sometimes you know at the, at the end of the month where I am less without  
<sup>dealt with what's given</sup>  
 445 money (laughs) you know at the beginning of the month when I'm budgeting for the month ahead I  
<sup>careful with money</sup>  
 446 see you know where my money goes err and you know like its so much for your rent for this month,  
<sup>where money goes</sup>  
 447 so much for the supervision, so much for the travelling you know and most of my travelling money is  
<sup>job not being to course related</sup>  
 448 because of placement, you know because of uni or because of the work that I do to earn money=
- 449 R=yea=
- 450 K=so its kind of, its kind of all that and erm (5) you know I really believe in what I do, its just that  
<sup>Passion for the course</sup>  
 451 sometimes I feel its kind of err (.) chasing a carrot you know cause I (.) I want to think that  
<sup>Huge task - achievable?</sup>  
 452 you know all this effort that I put into that and doing something that I love and I'm really interested,  
<sup>Huge sacrifice will pay off?</sup>  
 453 that its gonna pay, pay off if that makes sense err (.) and I don't mean it in a cynical way that this is  
<sup>hoping for struggle to pay off</sup>  
 454 something that I want cash in, after 3 years err but I would like to get something, something out of it  
<sup>necessary evil to get fruits</sup>  
 455 you know err (.) I would like this to become (.) a work for me err that you know will help me you  
<sup>investment for future career</sup>  
 456 know both to help me develop into a professional, but also you know will, err it will help me, you  
<sup>getting on the career ladder</sup>  
 457 know afford a better life you know more err (3) but sometimes you know I think (.) may be when I'm  
<sup>Benefits of doing the course</sup>  
 458 very tired you know I think you know is this really (.) all this sacrifice like is it really worth it like err (.)  
<sup>default times raise as on her decisions</sup>  
 459 when am I gonna get something out of it or you know well is everything gonna end up a big failure  
<sup>waiting for benefits - outweighed by negatives</sup>  
 460 you know when I'm going through that and err I just try you know err to break this wall (laughs) and  
<sup>Actually overcoming negative feelings</sup>  
 461 carry on and just not think about it, as much=
- 462 R=yea, hmm, ok erm so (.) what kind of, you mentioned a bit about prioritising and how, how have  
 463 you tried to prioritise things, I think you mentioned before that, that kind of, you just done  
 464 everything all at the same time, what pops up next, get on with that and then=
- 465 K=yea, yea (.) it, its mainly like err, I mean when there is a deadline I mean of course you know it  
<sup>Assessing current demands to prioritise</sup>  
 466 goes ahead of (.) everything erm (2) but yea its really, its very difficult to prioritise, I mean there's  
<sup>deadlines prioritised</sup>  
 467 always a party, there's always a dilemma you know err, its like you know those simple things like, go  
<sup>difficulties arising priorities with work</sup>  
 468 to yoga today with my boyfriend which I've been really looking forward to you know, its something  
<sup>questioning every action & possible consequences</sup>  
 469 that we do together, we both enjoy da, da da or you know go home and work and I really have to  
<sup>Personal conflict to prioritise rel or course</sup>  
 470 work, cause its Monday tomorrow and I've got this crazy week starting and I will need to work and  
<sup>internal challenge of demands</sup>  
 471 bla bla bla and you know (.) so yea (.) I know how you prioritise and stuff like that, I really haven't  
<sup>managing priorities</sup>  
 472 found a (.) a way its just err you know I just go by the minute (.) (laughs) you know, what feels (.)  
<sup>living in moment - here eras decisions</sup>  
 473 better now and you know so its like ok 2 hours less (.) tonight to you know spend some more time  
<sup>Compromising plans</sup>  
 474 with him and so its a bit like that  
<sup>making sacrifices for rel & course</sup>



475 R-ok erm and, just going on to er what sort of, what support do you have erm you know you  
 476 mentioned your partner, your boyfriend and your course mates as well erm tell me a bit about the  
 477 support network you've got

478 K-(.) ok er that was like, that's like a major thing I think that you know in training, they should put  
 479 that under the you know the to do list kind of like build a solid support network otherwise you're  
 480 fucked (laughs) its like that erm (.) ye so ye I mean err Miguel is definitely (.) he's a big support for  
 481 me and you know it very, cause he's err, he's just my rock, like he understands psychology and  
 482 psychology training so he gives me also this window to normalise and err (.) and you know these  
 483 different things that, it just kind of you know, it really feeds me with different things, this  
 484 relationship and from then on, mates from the course, very important, very important to feel that I  
 485 have people that we walk down the same path with, erm I get most out of this, its a very normalising  
 486 experience err its good to hear that you know I'm not alone with this you know, you know like I had  
 487 this experience with a client err I felt so and so err is this err, am I being a professional or am I  
 488 stepping I dunno you know am I stepping outside my role you know or am I being ineffective when  
 489 I'm seeing my client you know (.) they are the kind of group that I can you know bounce all these  
 490 things and, get immediate (.) answers erm you know am I going the right way er and that's extremely  
 491 important to feel cause you know otherwise I feel like I'm the (.) I'm the worst in the group or I'm  
 492 like an alien with 3 heads da, da da deer I don't want to think its very superficial it is very different  
 493 and there is more and more very or even at the other side to feel that you're so much better than  
 494 everyone erm and I think that you know with this err profession I mean I think you know there is a  
 495 lot of narcissism involved in being in the therapist role so its a very good way to break that it is err it  
 496 makes sense er I think a lot of people to that you know erm (.) Definitely the mates from the course  
 497 and you know with one of them (.) erm (.) we were best friends from back in Greece, we did our  
 498 bachelors together we moved in and done other things together err and he's doing the same  
 499 training so that's really a very big support for me that we have each other one another and err so, ve

500 (.) personal therapy definitely err (.) I think, it has helped me a lot to put things into perspective and  
 501 keep my head above water erm there are times where I feel you know I get so, so I get so  
 502 overwhelmed with everything that's happening (.) and the only space I actually where I can (2) you  
 503 know discuss these things and get some perspective and take some distance from what is happening  
 504 you know, like make better sense of myself you know with situations (.) is therapy and with my  
 505 mates from school you know we all get (.) err paranoid anxieties every now and then, we're all under  
 506 the same stress=

507 R=hmm=

508 K=whereas my therapist she still you know, she's had the experiences that I'm having but she's  
 509 waaaay ahead and she still normalises things but she also (.) she gives me you know a sense of  
 510 perspective of what is happening now (.) and err she's also you know my source of common sense  
 511 which I feel that I am lacking at times er when things are going crazy with training and placement  
 512 and all that=

513 R=yea=

514 K=and she kind of you know she grounds me to what is happening and it makes me have a more  
 515 realistic view of my (.) you know which is both harsh at times (.) because then the golden girl is going  
 516 to the golden egg but its also quite a relief (.) quite a relief (.) erm I think, ye I think these are my



517 main (.) support networks and then you know I mean (2) <sup>Course support</sup> tutors are also very supportive you know  
 518 my research supervisor <sup>Subject support</sup> ye but these are more erm (2) you know they're more, I think with these  
 519 people they're a lot more sporadic, you know <sup>Support when needed</sup> (.) yea the constant ones you know the therapy err  
 520 week by week, its weekly <sup>Official support - not on tap</sup>

521 R=yea ok, er and leading on to err, well staying with personal therapy, erm (.) do you think it's  
 522 altered anything for you when you're kind of engaging in personal therapy cause its err mandatory  
 523 for all you know counselling courses=

524 K=well look err I've been in therapy for err about 10 years now and may be more so I had a therapist  
 525 in err Greece err 4/5 years with him and before him I was with someone else err so I've been in  
 526 therapy, long term (.) err its definitely different now, that I'm in training and I think it was definitely a  
 527 major advantage that I had therapy before, <sup>used to PT</sup> I think its (.) <sup>another part of life now</sup> essential to have therapy when you're a  
 528 training therapist you know you're thinking of this as a profession, its very important that I you know  
 529 I'm aware of my own err issues and sort out my own things you know so that they don't link in you  
 530 know with my work with clients or and even so you know working with people has you know a great  
 531 impact on me, and it would be address that err and supervision is not always the space for that erm,  
 532 definitely since I started err training, therapy has err, the texture has changed, and then its also a  
 533 mandatory requirement in the whole thing you know with communication with the uni err because  
 534 you know never before that I've never had any reservations about you know what I say to my  
 535 therapist how I discuss things and all that err being a trainee though err surprisingly this has made it  
 536 tougher for me (laughs) erm to like I, like never before have I had to err struggle so much you know,  
 537 with trust or err think about like you know like the time I was depressed I was thinking that like how  
 538 do I talk about it with the therapist (.) <sup>PT different value</sup> what if this is an issue that you know like fitness to practice  
 539 and all that you know cause, cause they sign off at the end of the year err so it was  
 540 quite err mm anxious I think erm knowing that there is this duality you know in the room, I'm both a  
 541 client and a therapist myself (.) and all that, erm but (.) you know (2) you know it is quite different  
 542 that I really don't see myself I dunno how to go through training without, without therapy and  
 543 without having the place there you know it, it challenging but you know work through that I think err  
 544 it does, it does better equip me both as a person and as a therapist err even when you with my own  
 545 issues with trust you know I can better understand the clients issues=

546 R=ye=

547 K=with trust let's say, err (.) ye

548 R- ok, err how do you think err your partner experiences you having personal therapy?

549 K-weelll he doesn't you know he's never had therapy himself and errrr, he's err you know he doesn't  
 550 need therapy he just says people like me have therapy you know I'm feeling low I need therapy!  
 551 (laughs) you know (laughs) so you know he would say to me you don't need therapy so when err you  
 552 know cause (.) we talk about these things and he's like whyyy are you spending so much money on  
 553 this? And you know I've been in therapy before this course as well and he, you know now I've over  
 554 exceeded the 40 hours that we need to do or you know so far I think I've done like 80 err but I'm still  
 555 going on a weekly basis and err I mean he never said anything about it, its just that you know this  
 556 summer that we, we had a talk about it and he says you know well why don't you just you know save  
 557 this money use it on something else you know like go travelling or de, de, de and err he has a point



- 558 to be honest you know I think you know I've been going to way too long and err I can see why you  
 559 know sometimes doing something different doesn't mean necessarily that its less good or anything  
 560 like that (.) but yea I think err at as far as it goes, he, he's quite supportive of that but I don't think  
 561 he would pay this much money you know like me, to be analysed
- 562 R- ok erm and do you think erm having personal therapy has helped you kind of well, has it impacted  
 563 on your relationship at all do you think (.) in any way
- 564 K- mm (3) I think it has to both in indirect and direct ways err for one thing you know err I did took  
 565 talk about my relationship sometimes in therapy so it definitely had an effect erm (.) sometimes  
 566 and if I have a positive impact of it, then I'm better able you know to understand my anxieties  
 567 sometimes err with things that upset me or err when I get irritated like you know instead of err  
 568 acting out you know with Miguel you know I have this space to talk about them and then you know  
 569 probably handle my relationship in a more err caring way erm (.) the other thing is that I find a very  
 570 direct link that erm you know when I told you that last Christmas I was quite depressed and I wanted  
 571 to break up and all that, I also wanted to end therapy, at that time and that was something quite you  
 572 know, I had a hang over you know its like, its really err going to get err you know two very  
 573 important relationships in my life err I wana end them at the same point that (.) seemed a but weird,  
 574 its that kind of you know shock really just to realise that you know to, that's probably my pathology  
 575 that when I'm low I just push everyone, away err so yea that was a very negative time for me to end  
 576 therapy and my relationship (.) but other than that yea I think by keeping me contained and keeping  
 577 me (.) sane so yea that did definitely have an impact on my relationship
- 578 R-erm (2) ok so going back to the questions earlier, how would you define your erm role in the  
 579 relationship and I know you mentioned that you, you met him while you were on the course but  
 580 how would you define your role, and has that changed over the years at all do you think?
- 581 K-my role as in what as in being a dominant or being err=
- 582 R=yea however you kind of see your role in the relationship you know because you've met, I think  
 583 that because he's been your partner since you were on the course=
- 584 K=yes well you know erm (6) I think you know, my role, I mean you know when we first got together,  
 585 it was so early on in the training, it didn't really (3) I didn't feel that I was you know, it was very  
 586 different from second year and third year for example erm (4) I dunno, I don't think its changed much  
 587 (.) I think maybe I've become a bit you know calmer, I guess (laughs) erm may be that's an effect a  
 588 direct effect from being exhausted that I'm a bit calmer erm (4) but yea I think we did you know  
 589 compare with previous relationships erm (.) I think I'm less selfish, if that makes sense, I'm calmer  
 590 and erm (3) yea, its more like that (.) and err then you know its kind of like err we are a 2 people  
 591 couple rather than a one person couple sooo (.) and that's you know that's something err I never  
 592 had before that sense you know that we can each have our own life and we, we have our own  
 593 together time as a couple (.) I dunno how (.) better to explain that err (.) but ye I feel safer in myself,  
 594 if that makes sense
- 595 R-ok ye, thank you (.) erm so have you noticed any erm changes in your relationship dynamics, since  
 596 the course or



- 597 K- (.) ye (.) definitely erm (2) first year I think was a lot lighter and easier erm (2) it was much more  
 598 you know err, err (.) lots of fun, I remember ye I had a lot more free time in the first year definitely  
 599 had a lot more free time and err the financial burden was not as much in the first year err (2) so in  
 600 the second year you know I was working a longer hours err ye and this is what brought a change in  
 601 our, in our dynamic err I mean I was also, I got a bit, I got quite depressed before as I told you and  
 602 with everything else that was happening, err (2) you know there were times where err (.) you know  
 603 how when you're supposed to go meet your boyfriend, this is the time where you feel happy (.) so  
 604 many times it wasn't like that, it felt like err an obligation, which is something I have to do each day  
 605 err I don't really, so it was a very different dynamic in our relationship and err it didn't really, it didn't  
 606 feel (.) good, I can remember erm (.) and then you know (3) ye I think it brings a lot of changes, a lot  
 607 of changes and err there were times where I had to be very patient, there were times where I had to  
 608 stay err with feeling very guilty about not being there or about not wanting to be there erm (.) ye  
 609 and err you know I mean after the, the summer break you know before starting the third year I'd  
 610 definitely grown err ye its like a breeze of fresh air like okaay err there's one more year to go so I  
 611 think we're both sort of quite err (3) better you know thinking that you know there is less trouble  
 612 and I should just be there for him, just have to be really patient and it has made things a lot better  
 613 between us so yea I think it is had a major impact, on the relationship=  
 614 R=ye and from the sounds of it (.) not necessarily because you met on the course but within the  
 615 course=  
 616 K=ye ye while I'm in the course, ye

617 R-ok erm what stresses do you experience as a result of the course

618 K-erm (sighs) (2) money, money, time (2) is it like you know its like a big umbrella that covers  
 619 everything=

620 R=ye= finances - effects everything

- 621 K=err money, both you know how to budget my month to you know, how much money I can spend  
 622 on stuff that I like you know or go out with my friends go out with my partner err you know go do  
 623 stuff I enjoy you know go see a show an exhibition or whatever, so money's something that you  
 624 know goes into every aspect (.) of my life erm (.) time also goes into every aspect of my life erm (.)  
 625 and all the other stresses like erm (.) did I handle this well with this client, err what is it that I said  
 626 that I should've said or what is it that I didn't say that I should've said, which is you know there is,  
 627 there is like you know going through it and every time you know in my head I just think you know  
 628 what else could I be doing now (inaudible) erm (.) supervision you know I'm guarded around  
 629 supervision and this will always be there you know, I'm glad for new placement you know but its so  
 630 much competition for unpaid work its just, crazy erm (2) a lot of stresses, how am I gona get through  
 631 the week, how much work do I need to get through this week you know, what I haven't done what I  
 632 need to do again, err it just you know (.) it doesn't really (.) end, somewhere there's always a feeling  
 633 that I'm behind, I'm behind, I'm always behind no matter how much work I have done, I'm always  
 634 behind, that's something that I've come to terms with you know I'll always be behind (laughs) things  
 635 erm (.) and then you know as I approach you know now we're in third year you know as months (.)  
 636 go by err there's this another huge pressure coming on me which is like what happens after (.) you  
 637 know (.) what happens in the viva and what happens after again, if I get my doctorate you know err  
 not thought about after



like what course

638 will I get a job, will I get a good job, will I get a relevant job and its also the thing that I'm stressed  
 639 about you know if I can't find a job as a counselling psychologist, what will I do then erm (.) massive,  
 640 massive stress and er you know I mean thank God the power of err suppression that you know that  
 641 its not on the surface all the time, I mean that erm the stress about err (.) you know err (.) thesis is  
 642 always there now you know there's always this thought that I should be working on this I should be  
 643 working on that, and many things that come and go that's the thing, sometimes you know there's so  
 644 much anxiety that it just feels like you know err immobilises me, suddenly, but that lasts like 10  
 645 minutes I mean you know like (laughs) keep on going

646 R-ye, ok (.) erm, how do you think you cope with these stresses erm personally?

647 K-(2) personally errrrrr (sighs) I dunno if I cope or I just manage you know I err (2) definitely spend  
 648 time with my friends, spend time with Miguel (.) so its like a major (.) coping strategy, I think its  
 649 balance, err (.) spend some time on my own doing shit you know, that's very important time, erm  
 650 sometimes self medicate you know its very, very good to go and get drunk with your friends (smiles)  
 651 you know on Thursdays, after uni, after you know 7 hours of lectures, just go to the pub and pissed  
 652 (laughs) that also works very well erm you know there's this, there's this, I think there's this  
 653 (inaudible) that we called erm did yoga, this is one thing that I didn't do last year at all you know  
 654 have some form of physical exercise you know even go running in the park, go have yoga err do  
 655 something (.) move cause err you know this err you know staying err on the chair you know with my  
 656 laptop you know I still have something (laughs) so its not like erm ye these are the main ways I cope,  
 657 and therapy definitely I would think that, that was a coping mechanism,

658 R-and how would you erm how do you think you cope with the stresses as a, as a couple together?

659 K-(2) talk about it (.) like you know its very good that I can tell him about err (.) what's going on (.)  
 660 what are my anxieties erm (.) ye definitely we talk about it, not keep it to myself err even though you  
 661 know he's err he's not involved with the profession as a trainee and all that err I then learn from him  
 662 cause get err I real life perspective it that makes sense and err that helps as well erm and then you  
 663 know all these other things that we cannot quite do because I'm a trainee right now, I think we both  
 664 patient and we try to make the best out of what we have and you know compensate in other ways  
 665 and err (.) ye that's how we do it I think

666 R-ok (.) erm so I think that's erm that, that's it from me and erm if you've got anything else that you  
 667 want to, to share at all or?

668 K-no I think err I think I've said pretty much everything (laughs)

669 R-thank you so much=

670 K=thank you=